

Fill in this information to identify the case:

Debtor name **Fleet Rents LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **2,065,838.00**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **2,065,838.00**

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,078,933.87**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **48,029.75**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **962,001.09**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ **2,088,964.71**

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United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

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## Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Wells Fargo**

**Checking**

**9694**

**\$29,000.00**

3.2. **Citadel**

**Checking**

**9358**

**\$8,500.00**

3.3. **Citadel**

**Savings**

**9358**

**\$5.00**

3.4. **Mercury  
333 Bush Street  
San Francisco CA 94104**

**Savings**

**9069**

**\$150.00**

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$37,655.00**

**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

**Poulter Living Trust c/c Mercer Company CRE**

7.1. Deposit from lease of 5400-5410 SW 11th Street Oklahoma City \$9,270.00

**JOBO /RW Timms**

**Deposit from lease of 7408 SW 69th Street**

7.2. Oklahoma City OK \$14,000.00

**TBJ Properties Deposit for lease of 33623 Royalton Road Unit D**

7.3. Columbia Station OH \$13,540.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$36,810.00

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 367,778.00 - 40,000.00 = .... \$327,778.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 231,090.00 - 9,890.00 = .... \$221,200.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$548,978.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership

15.1. \_\_\_\_\_ % \_\_\_\_\_

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

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**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials Parts	12/31/23	\$540,945.00	Recent cost	\$540,945.00

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$540,945.00
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24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No  
☒ Yes. Book value 7,500.00 Valuation method Full Count Current Value 2,500.00

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	<b>Crops-either planted or harvested</b>			
29.	<b>Farm animals</b> <i>Examples: Livestock, poultry, farm-raised fish</i>			
30.	<b>Farm machinery and equipment</b> <i>(Other than titled motor vehicles)</i>			
31.	<b>Farm and fishing supplies, chemicals, and feed</b>			
32.	<b>Other farming and fishing-related property not already listed in Part 6</b>			

33. **Total of Part 6.**  
Add lines 28 through 32. Copy the total to line 85.

34. **Is the debtor a member of an agricultural cooperative?**  
☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**  
☐ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**  
☐ No  
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**  
☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b>			

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Name

<b>Desks Chairs tables</b>	<b>\$10,000.00</b>	<b>Replacement</b>	<b>\$10,000.00</b>
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40. <b>Office fixtures</b> <b>Refrigerators, coffee machines, break room items</b>	<b>\$2,000.00</b>	<b>Replacement</b>	<b>\$2,000.00</b>
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41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>Computers/monitors/scanners</b>	<b>\$15,000.00</b>	<b>Replacement</b>	<b>\$15,000.00</b>
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42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. <b>Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.	<b>\$27,000.00</b>
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44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	<b>General description</b> Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>				
47.1.	<b>2021 Ford F350 Vin Ending 3219</b>	<b>Unknown</b>	<b>Comparable sale</b>	<b>\$35,000.00</b>
47.2.	<b>2021 Ford F350 Vin Ending 4752</b>	<b>Unknown</b>	<b>Comparable sale</b>	<b>\$35,000.00</b>
47.3.	<b>2022 Chevrolet Silverado Vin Ending 0482</b>	<b>Unknown</b>	<b>Comparable sale</b>	<b>\$30,000.00</b>
47.4.	<b>2022 Silverado MD Vin Ending 6230</b>	<b>Unknown</b>	<b>Comparable sale</b>	<b>\$65,000.00</b>
47.5.	<b>2022 RAM 3500 Chassis VIN Ending 0524 with Stellar TMax1-11 Crane Body and Stellar 7630 Telescopic Crane</b>	<b>Unknown</b>	<b>Comparable sale</b>	<b>\$65,000.00</b>

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

47.6.	<u>2024 Chevrolet Silverado 3500HD Vin Ending 8384</u>	<u>Unknown</u>	<u>Comparable sale</u>	<u>\$65,000.00</u>
47.7.	<u>2018 Ford Transit VIN Ending 7072</u>	<u>\$4,350.00</u>	<u>Comparable sale</u>	<u>\$4,350.00</u>
47.8.	<u>2024 Xtreme 7 x 16 Enclosed Trailer Vin Ending 9876</u>	<u>\$4,500.00</u>	<u>Comparable sale</u>	<u>\$4,500.00</u>
47.9.	<u>2018 Case Tractor Loader Backhoe Model 5805 N VIN Ending 2081</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$30,000.00</u>
47.10	<u>2022 Ram 5500with Stellar TMax1-11 Crane Body and Stellar 7630 Telescopic Crane Vin Ending 9115</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$65,000.00</u>
47.11	<u>2022 Ram 3500 Vin Ending 0513</u>	<u>\$30,000.00</u>	<u>Comparable sale</u>	<u>\$30,000.00</u>
47.12	<u>2023 GMC Sierra 3500 Vin Ending 4937</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$82,500.00</u>
47.13	<u>2021 Ram 5500 Crew Cab Pickup Vin Ending 4475</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$50,000.00</u>
47.14	<u>2021 Ram 3500 with Utility Bed Vin Ending 0923</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$25,000.00</u>
47.15	<u>2021 Ford F450 Super Duty DRW Vin Ending 0927</u>	<u>\$30,000.00</u>	<u>Comparable sale</u>	<u>\$30,000.00</u>
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <u>Welder/Air compressors</u>	<u>\$8,100.00</u>	<u>estimate</u>	<u>\$8,100.00</u>

51. **Total of Part 8.** \$624,450.00  
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**  
☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1.

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations  
Customer lists and mailing lists

\$0.00

\$75,000.00

64. Other intangibles, or intellectual property  
IP

\$0.00

\$75,000.00

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

65. **Goodwill**  
**Strong customer relations and brand recognition** \$0.00 \$100,000.00

66. **Total of Part 10.** \$250,000.00  
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)  
☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**  
☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

**Current value of debtor's interest**

71. **Notes receivable**  
Description (include name of obligor)  
\_\_\_\_\_  
Total face amount - doubtful or uncollectible amount = \_\_\_\_\_

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)  
\_\_\_\_\_  
Tax year \_\_\_\_\_

73. **Interests in insurance policies or annuities**  
\_\_\_\_\_  
\_\_\_\_\_

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**  
\_\_\_\_\_  
Nature of claim \_\_\_\_\_  
Amount requested \_\_\_\_\_

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Nature of claim \_\_\_\_\_  
Amount requested \_\_\_\_\_

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

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79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☐ No  
☐ Yes

Debtor Fleet Rents LLC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$37,655.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$36,810.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$548,978.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$540,945.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$27,000.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$624,450.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$250,000.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$2,065,838.00</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$2,065,838.00</b>

Fill in this information to identify the case:

Debtor name **Fleet Rents LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 **Ally Auto**

Creditor's Name

**P.O. Box 380901  
Bloomington, MN  
55438-0901**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**5-10-23**

Last 4 digits of account number

**1185**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2022 RAM 3500 Chassis  
VIN Ending 0524 with Stellar TMax1-11 Crane  
Body and Stellar 7630 Telescopic Crane**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**\$75,924.84**

**\$65,000.00**

2.2 **Ally Auto**

Creditor's Name

**P.O. Box 380901  
Bloomington, MN  
55438-0901**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**9-20-22**

Last 4 digits of account number

**1185**

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**2022 Ram 3500  
Vin Ending 0513**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

**\$64,150.87**

**\$30,000.00**

Debtor **Fleet Rents LLC** Case number (if known) \_\_\_\_\_  
Name

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

<b>2.3 Ally Auto</b> Creditor's Name <b>P.O. Box 380901</b> <b>Bloomington, MN</b> <b>55438-0901</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>8-9-21</b> Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <div style="text-align: right;"><b>\$35,000.00</b></div> <div style="text-align: right;"><b>\$30,000.00</b></div> <b>2021 Ford F450 Super Duty DRW</b> <b>Vin Ending 0927</b>  Describe the lien <b>Purchase Money Security</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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<b>2.4 CNH Industrial Accounts</b> Creditor's Name <b>PO Box 71264</b> <b>Newark, DE 19716-6264</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>6-28-22</b> Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <div style="text-align: right;"><b>\$40,000.00</b></div> <div style="text-align: right;"><b>\$30,000.00</b></div> <b>2018 Case Tractor Loader Backhoe Model</b> <b>5805 N</b> <b>VIN Ending 2081</b>  Describe the lien <b>Purchase Money Security and UCC</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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<b>2.5 Ford Credit</b> Creditor's Name <b>PO Box 650574</b> <b>Dallas, TX 75265-0574</b> Creditor's mailing address	Describe debtor's property that is subject to a lien <div style="text-align: right;"><b>\$24,324.96</b></div> <div style="text-align: right;"><b>\$35,000.00</b></div> <b>2021 Ford F350 Vin Ending 3219</b>  Describe the lien <b>Purchase Money Security</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No
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Debtor **Fleet Rents LLC** Case number (if known) \_\_\_\_\_

Name

Creditor's email address, if known

Date debt was incurred

**4-29-21**

Last 4 digits of account number

**8153**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.6 Ford Credit**

Creditor's Name

**PO Box 650574**

**Dallas, TX 75265-0574**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**4-29-21**

Last 4 digits of account number

**0415**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2021 Ford F350**

**Vin Ending 4752**

**\$45,801.07**

**\$35,000.00**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.7 GM Financial**

Creditor's Name

**3801 S Collins Street**

**Arlington, TX 76014**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**7-11-22**

Last 4 digits of account number

**8232**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2022 Chevrolet Silverado**

**Vin Ending 0482**

**\$54,047.78**

**\$30,000.00**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.8 GM Financial**

Describe debtor's property that is subject to a lien

**\$85,546.02**

**\$65,000.00**

Debtor **Fleet Rents LLC** Case number (if known) \_\_\_\_\_  
Name

Creditor's Name

**3801 S Collins Street  
Arlington, TX 76014**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**7-11-22**

Last 4 digits of account number

**0865**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**2022 Silverado MD  
Vin Ending 6230**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.9 GM Financial**

Creditor's Name

**3801 S Collins Street  
Arlington, TX 76014**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**8-9-23**

Last 4 digits of account number

**1398**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2024 Chevrolet Silverado 3500HD  
Vin Ending 8384**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**\$76,478.86**

**\$65,000.00**

**2.1 Quick Bridge  
Funding/National Funding**

Creditor's Name

**410 Exchange Suite 150  
Irvine, CA 92602**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**1-5-24; 2-27-24, 3-24**

Last 4 digits of account number

**2914**

Describe debtor's property that is subject to a lien

**All Accounts receivable now and hereafter  
acquired**

Describe the lien

**UCC and Security Agreement**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**\$173,346.72**

**\$0.00**

Debtor **Fleet Rents LLC** Case number (if known) \_\_\_\_\_

Name

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

2.1  
1 **The LCF Group, Inc**

Creditor's Name

**3000 Marcus Ave  
Suite 2W15  
New Hyde Park, NY 11042**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**12/20/24**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Parts**

**\$13,521.75**

**\$40,476.00**

**Describe the lien**

**MCA**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes  
**Is anyone else liable on this claim?**  
☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

2.1  
2 **US Bank**

Creditor's Name

**1310 Madrid St  
PO Box 640  
Marshall, MN 56258**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**9-22-22**

**Last 4 digits of account number**

**7261**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**2022 Ram 5500with Stellar TMax1-11 Crane  
Body and Stellar 7630 Telescopic Crane  
Vin Ending 9115**

**\$115,900.00**

**\$65,000.00**

**Describe the lien**

**Purchase Money Security**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes  
**Is anyone else liable on this claim?**  
☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.1  
3 **Western Equipment  
Finance**

Creditor's Name

**503 Hwy 2 W  
PO Box 640  
Devils Lake, ND 58301**

**Describe debtor's property that is subject to a lien**

**2023 GMC Sierra 3500  
Vin Ending 4937**

**\$164,318.00**

**\$82,500.00**

<b>Debtor</b> <b>Fleet Rents LLC</b> <hr/> Name <hr/> Creditor's mailing address <hr/> <hr/> Creditor's email address, if known <hr/> <b>Date debt was incurred</b> <b>4-23-24</b> <b>Last 4 digits of account number</b> <b>0911</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	<b>Describe the lien</b> <b>Purchase Money Security and UCC</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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2.1 4	<b>Western Equipment Finance</b> <hr/> Creditor's Name <b>503 Hwy 2 W</b> <b>PO Box 640</b> <b>Devils Lake, ND 58301</b> <hr/> Creditor's mailing address <hr/> <hr/> Creditor's email address, if known <hr/> <b>Date debt was incurred</b> <b>7-30-21</b> <b>Last 4 digits of account number</b> <b>3702</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	<b>Describe debtor's property that is subject to a lien</b> <div style="text-align: right; font-weight: bold;">\$77,165.00      \$50,000.00</div> <hr/> <b>2021 Ram 5500 Crew Cab Pickup</b> <b>Vin Ending 4475</b> <hr/> <b>Describe the lien</b> <b>Purchase Money Security and UCC</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
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2.1 5	<b>Western Equipment Finance</b> <hr/> Creditor's Name <b>1310 Madrid St</b> <b>PO Box 640</b> <b>Marshall, MN 56258</b> <hr/> Creditor's mailing address <hr/> <hr/> Creditor's email address, if known <hr/> <b>Date debt was incurred</b> <b>7-23-21</b> <b>Last 4 digits of account number</b> <b>4045</b> <hr/> <b>Do multiple creditors have an interest in the same property?</b> 	<b>Describe debtor's property that is subject to a lien</b> <div style="text-align: right; font-weight: bold;">\$33,408.00      \$25,000.00</div> <hr/> <b>2021 Ram 3500 with Utility Bed</b> <b>Vin Ending 0923</b> <hr/> <b>Describe the lien</b> <b>Purchase Money Security</b> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	
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Debtor <b>Fleet Rents LLC</b>	Case number (if known) _____
Name _____	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,078,933.87**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Corporate Service Company PO Box 2576 Springfield IL 62708	Line <u>2.10</u>	
Corporate Service Company PO Box 2576 Springfield IL 62708	Line <u>2.13</u>	
Corporate Service Company PO Box 2576 Springfield IL 62708	Line <u>2.14</u>	1618
Corporate Service Company PO Box 2576 Springfield IL 62708	Line <u>2.4</u>	
Corporate Service Company PO Box 2576 Springfield IL 62708	Line <u>2.12</u>	
Corporate Service Company PO Box 2576 Springfield IL 62708	Line <u>2.15</u>	
Ford Credit National Bankruptcy Service Center PO Box 62180 Colorado Springs, CO 80962	Line <u>2.5</u>	
Ford Credit c/o National Bankruptcy Service Center P.O. Box 62180 Colorado Springs, CO 80962	Line <u>2.6</u>	
GM Financial 4001 Embarcadero Drive Arlington, TX 76014	Line <u>2.7</u>	
GM Financial 4001 Embarcadero Drive Arlington, TX 76014	Line <u>2.8</u>	
GM Financial 4001 Embarcadero Drive Arlington, TX 76014	Line <u>2.9</u>	

Debtor	<b>Fleet Rents LLC</b>	Case number (if known)	
	<small>Name</small>		
	<b>Jennifer Duty</b>	Line	<b><u>2.10</u></b>
	<b>National Funding</b>		
	<b>4380 LaJolla Village Dr</b>		
	<b>San Diego, CA 92122</b>		
	<b>National Funding, Inc.</b>	Line	<b><u>2.10</u></b>
	<b>c/o Tara Muren</b>		
	<b>4380 La Jolla Village Drive</b>		
	<b>San Diego, CA 92122</b>		

Fill in this information to identify the case:

Debtor name **Fleet Rents LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Allison M Quirk</b> <b>130 Fairhill School Rd</b> <b>Hatfield, PA 19440-1111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,528.03</b>	<b>\$50.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>1015</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Anthony N. Mascaro</b> <b>47330 Garfield Rd</b> <b>Oberlin, OH 44074-9361</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,074.66</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>1010</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Fleet Rents LLC</b> Name	Case number (if known)
2.3	Priority creditor's name and mailing address <b>Cornelis Voogt</b> <b>11117 Pamplona Way</b> <b>Oklahoma City, OK 73173-8136</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$3,851.54</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number <b>1019</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.4	Priority creditor's name and mailing address <b>Hunter C. Hamby</b> <b>1952 Fowl Rd</b> <b>Apt 708</b> <b>Elyria, OH 44035-4433</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$2,423.08</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number <b>1009</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.5	Priority creditor's name and mailing address <b>Internal Revenue Service</b>  <b>Ogden, UT 84201-0039</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$15,931.68</b> <b>\$15,931.68</b>
	Date or dates debt was incurred <b>6/30/24</b>	Basis for the claim: <b>Income Taxes</b>
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.6	Priority creditor's name and mailing address <b>Joseph C Cherone</b> <b>130 Fairhill School Rd</b> <b>Hatfield, PA 19440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$5,899.60</b> <b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number <b>1004</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Fleet Rents LLC</b>	Case number (if known)
	<small>Name</small>	

2.7	Priority creditor's name and mailing address <b>Justin S Burns</b> <b>1610 N 18th Street</b> <b>Beatrice, NE 68310-1709</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,596.06</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>1002</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address <b>Mark Cardona</b> <b>8020 Lyons Ave</b> <b>Philadelphia, PA 19153-2608</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,302.29</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>1003</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address <b>Nancy J Cherone</b> <b>3993 Cephas Child Rd</b> <b>Doylestown, PA 18902-9173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,655.02</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>1005</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address <b>Nicholas A Bates</b> <b>1825 Cypress Ln</b> <b>El Reno, OK 73036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,618.28</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>1021</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Fleet Rents LLC</b> Name	Case number (if known)
2.11	Priority creditor's name and mailing address <b>Pamela N. Evans</b> <b>843 S Abbe Rd</b> <b>Elyria, OH 44035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$1,231.28</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>1023</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.12	Priority creditor's name and mailing address <b>Thomas J Gregory</b> <b>17036 Baird Rd</b> <b>Wellington, OH 44090-9729</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>\$1,918.23</b> <b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>1008</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>ADP</b> <b>C/O Andrew Sklar, Esquire</b> <b>Sklar Law, LLC</b> <b>20 Brace Rd, Suite 205</b> <b>Cherry Hill, NJ 08034</b> Date(s) debt was incurred <u>Various 2024</u> Last 4 digits of account number <u>3650</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$31,993.45</b>
3.2	Nonpriority creditor's name and mailing address <b>Advanced Auto Parts</b> <b>C/O A.G. Adjustments, LTD</b> <b>1 Huntington Quadrangle</b> <b>Suite 4N15</b> <b>Melville, NY 11747</b> Date(s) debt was incurred <u>3/24 to Present</u> Last 4 digits of account number <u>5203</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$12,908.69</b>
3.3	Nonpriority creditor's name and mailing address <b>AT&amp;T</b> <b>PO BOX 5025</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred <u>Revolving</u> Last 4 digits of account number <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>

Debtor	<b>Fleet Rents LLC</b> <small>Name</small>	Case number (if known)
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3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Bruckner's Truck &amp; Equipment</b> <b>10120 W Reno Avenue</b> <b>Oklahoma City, OK 73127</b>  Date(s) debt was incurred <u>8/14/24</u> Last 4 digits of account number <u>0101</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services/Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Bruckner's Truck &amp; Equipment</b> <b>10120 W Reno Avenue</b> <b>Oklahoma City, OK 73127</b>  Date(s) debt was incurred <u>8/19/24</u> Last 4 digits of account number <u>1201</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services/Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Bruckner's Truck &amp; Equipment</b> <b>10120 W Reno Avenue</b> <b>Oklahoma City, OK 73127</b>  Date(s) debt was incurred <u>9/6/24</u> Last 4 digits of account number <u>1901</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services/Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Bruckner's Truck &amp; Equipment</b> <b>10120 W Reno Avenue</b> <b>Oklahoma City, OK 73127</b>  Date(s) debt was incurred <u>9/17/24</u> Last 4 digits of account number <u>2001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services/Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Burns Industrial Equipment</b> <b>PO Box 932678</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred <u>11/18/24</u> Last 4 digits of account number <u>5781</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$361.56</b>
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Burns Industrial Equipment</b> <b>PO Box 932678</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred <u>11/20/24</u> Last 4 digits of account number <u>6241</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$377.77</b>
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Burns Industrial Equipment</b> <b>PO Box 932678</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred <u>11/21/24</u> Last 4 digits of account number <u>6251</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51.11</b>
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Debtor	<b>Fleet Rents LLC</b> Name	Case number (if known)
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Burns Industrial Equipment</b> <b>PO Box 932678</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred <u>11/20/24</u> Last 4 digits of account number <u>6671</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77.66</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Burns Industrial Equipment</b> <b>PO Box 932678</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred <u>12/16/24</u> Last 4 digits of account number <u>8781</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15.20</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Burns Industrial Equipment</b> <b>PO Box 932678</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred <u>12/10/24</u> Last 4 digits of account number <u>2011</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Parts</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13.82</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Cat Financial Cat Card</b> <b>PO Box 330039</b> <b>Nashville, TN 37203</b>  Date(s) debt was incurred <u>11/20-24 thru 12/19/24</u> Last 4 digits of account number <u>8387</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,746.18</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Chase Card Services</b> <b>P.O. Box 15548</b> <b>Wilmington, DE 19886-5548</b>  Date(s) debt was incurred <u>Revolving Credi</u> Last 4 digits of account number <u>0352</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit Card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$206,306.91</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>D&amp;D Truck Sales, Inc</b>  Date(s) debt was incurred <u>9-25-23 to 1-29-24</u> Last 4 digits of account number <u>6225</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,703.90</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>FleetPride</b> <b>PO Box 847118</b> <b>Dallas, TX 75284-7118</b>  Date(s) debt was incurred <u>5-7-24 TO 8-18-24</u> Last 4 digits of account number <u>2566</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Parts and Service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,396.51</b>
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Debtor	Name	Case number (if known)
	<b>Fleet Rents LLC</b>	
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Hans' Freighliner of Cleveland</b> <b>14520 Broadway Ave</b> <b>Cleveland, OH 44125-1995</b> Date(s) debt was incurred <u>11-7-24 TO 12-28-24</u> Last 4 digits of account number <u>6509</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$9,300.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Hydraquip</b> <b>PO Box 676684</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred <u>10/8/24</u> Last 4 digits of account number <u>2796</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,508.86</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Industrial Truck Equipment &amp; Wireline In</b> <b>3400 S Thomas Road</b> <b>Oklahoma City, OK 73179</b> Date(s) debt was incurred <u>10-2-24</u> Last 4 digits of account number <u>1884</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,363.57</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchaes /Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Jasper Engine &amp; Transmission Exchange In</b> <b>PO Box 650</b> <b>Jasper, IN 47547-0650</b> Date(s) debt was incurred <u>6-17-24</u> Last 4 digits of account number <u>3320</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$22,364.80</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Jasper Engine &amp; Transmission Exchange In</b> <b>PO Box 650</b> <b>Jasper, IN 47547-0650</b> Date(s) debt was incurred <u>11-6-24</u> Last 4 digits of account number <u>0015</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$4,160.75</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>JOBO LLC</b> <b>22633 Sam's Drive</b> <b>Edmond, OK 73025</b> Date(s) debt was incurred <u>12-11-20</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lease 7408 SW 69th Street</u> <u>Oklahoma City Ok 73169-6974</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Joe Cherone</b> <b>130 Fairhill School Rd</b> <b>Hatfield, PA 19440</b> Date(s) debt was incurred <u>12/14/23 Thru 9/20/24</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$89,303.54</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loans/Capital Contributions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Fleet Rents LLC</b> Name	Case number (if known)
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Knacck Properties LLC</b> <b>14565 Portal Circle</b> <b>#117</b> <b>Omaha, NE 68138</b> Date(s) debt was incurred <u>1-5-24</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lease 23274 Mynard Rd Greenwood, NE 68366</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,877.60</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Lowen Corporation</b> <b>PO Box 1528</b> <b>Hutchinson, KS 67504-1528</b> Date(s) debt was incurred <u>5-14-24</u> Last 4 digits of account number <u>4919</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$501.35</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Lyden Oil Company</b> <b>PO Box 74300</b> <b>Cleveland, OH 44194-0020</b> Date(s) debt was incurred <u>8-14-24</u> Last 4 digits of account number <u>1261</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$930.67</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Lyden Oil Company</b> <b>PO Box 74300</b> <b>Cleveland, OH 44194-0020</b> Date(s) debt was incurred <u>8-14-24</u> Last 4 digits of account number <u>6237</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,509.19</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Lyden Oil Company</b> <b>PO Box 74300</b> <b>Cleveland, OH 44194-0020</b> Date(s) debt was incurred <u>10-31-24</u> Last 4 digits of account number <u>8559</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$66.60</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Metro Fire</b> <b>17350 State Hwy 249</b> <b>Suite 250</b> <b>Houston, TX 77064</b> Date(s) debt was incurred <u>5-20-24</u> Last 4 digits of account number <u>0851</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Parts/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,984.33</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Metro Fire</b> <b>17350 State Hwy 249</b> <b>Suite 250</b> <b>Houston, TX 77064</b> Date(s) debt was incurred <u>8-2-24</u> Last 4 digits of account number <u>3857</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Parts/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$834.97</b>
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Debtor	Name	Case number (if known)
	<b>Fleet Rents LLC</b>	
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Mid-Ohio Matertial Handling, Inc.</b> <b>1040 Industrial Parkway</b> <b>Brunswick, OH 44212-4318</b> Date(s) debt was incurred <u>10-31-24</u> Last 4 digits of account number <u>0047</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$142.75</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Parts/Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Mid-Ohio Matertial Handling, Inc.</b> <b>1040 Industrial Parkway</b> <b>Brunswick, OH 44212-4318</b> Date(s) debt was incurred <u>10-31-24</u> Last 4 digits of account number <u>0048</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,458.71</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Parts/Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Mitchell 1/Snap On</b> <b>C/O CMI Credit Mediators Inc</b> <b>PO Box 456</b> <b>Upper Darby, PA 19082</b> Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>1816</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,585.60</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Nancy Cherone</b> <b>3993 Cephas Child Rd</b> <b>Doylestown, PA 18902</b> Date(s) debt was incurred <u>3-11-24 - 12-31-24</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$353,769.11</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loans/Capital Contributions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Nationwide Trailers LLC</b> <b>8410 N Frwy</b> <b>Houston, TX 77037</b> Date(s) debt was incurred <u>5-24-24 to 7-29-24</u> Last 4 digits of account number <u>Rock Fleet</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,222.15</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>O'Reilly Auto Parts</b> <b>PO Box 9464</b> <b>Springfield, MO 65801-9464</b> Date(s) debt was incurred <u>5-20-24 to 7-28-24</u> Last 4 digits of account number <u>9021</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$21,257.08</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>OG&amp;E</b> <b>PO Box 24990</b> <b>Oklahoma City, OK 73124-0990</b> Date(s) debt was incurred <u>11-21-24 TO 11-25-24</u> Last 4 digits of account number <u>1924</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,656.91</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Electric Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
	<b>Fleet Rents LLC</b>	
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Oklahoma Natural Gas Company</b> <b>PO Box 219296</b> <b>Kansas City, MO 64121-9296</b> Date(s) debt was incurred <u>12-2-24</u> Last 4 digits of account number <u>9627</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Gas Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Parkside Funding Group LLC</b>  Date(s) debt was incurred <u>5/7/24</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$88,459.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Future Receivables</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Poulter Living Trust</b> <b>13601 Limestone Road</b> <b>Kingston, OK 73439</b> Date(s) debt was incurred <u>9-1-24</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lease 5400-5410 SW 11th Street Oklahoma City Ok</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Premier Truck Group</b> <b>PO Box 840827</b> <b>Dallas, TX 75284-0827</b> Date(s) debt was incurred <u>11-8-24 TO 12-21-24</u> Last 4 digits of account number <u>9054</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,168.72</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Siddons Martin Emergency Group LLC</b> <b>1362 eEast Richey Road</b> <b>Houston, TX 77073</b> Date(s) debt was incurred <u>11-1-23 to 12-11-23</u> Last 4 digits of account number <u>0233</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,230.83</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>TBJ Properties LLC</b> <b>PO Box 667</b> <b>Columbia Station, OH 44028</b> Date(s) debt was incurred <u>5-17-23 Amended Lease</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lease 33623 Royalton Road Columbia Station, OH 44028</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Truck Pro LLC</b> <b>29787 Network Place</b> <b>Chicago, IL 60673-1787</b> Date(s) debt was incurred <u>8-23-24 to 12-31-24</u> Last 4 digits of account number <u>O105</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,407.04</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Purchases/Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Fleet Rents LLC** Case number (if known) \_\_\_\_\_  
Name

3.46 Nonpriority creditor's name and mailing address **Valley Truck Centers** As of the petition filing date, the claim is: *Check all that apply.* **\$8,984.20**  
  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number 9015  
  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
  
Basis for the claim: **Valley Cleveland Freighliners and Valley Truck Centers Inc**  
  
Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address **Vermeer Midwest** As of the petition filing date, the claim is: *Check all that apply.* **\$11,000.00**  
**621 Spirit Valley East**  
**Chesterfield, MO 63005**  
  
Date(s) debt was incurred 8/15/24-11/30/24  
Last 4 digits of account number K001  
  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
  
Basis for the claim: **Services**  
  
Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address **Wex Bank** As of the petition filing date, the claim is: *Check all that apply.* **\$22,000.00**  
**PO Box 6293**  
**Carol Stream, IL 60197-6293**  
  
Date(s) debt was incurred Revolving Dates  
Last 4 digits of account number 3643  
  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
  
Basis for the claim: **Purchases/Services**  
  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>ADP</b> <b>5680 New Northside Dr.</b> <b>Atlanta, GA 30328</b>	Line <u>3.1</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Isaac Akerman, Esquire</b> <b>Madeb Law PLLC</b> <b>2433 Knapp Street</b> <b>Suite 203A</b> <b>Brooklyn, NY 11235</b>	Line <u>3.40</u>  <input type="checkbox"/> Not listed. Explain _____	<u>SF28</u>
4.3	<b>Josiah J Shanks, Esquire</b> <b>2120 S. 72nd St Suite 1200</b> <b>New Fairfield, CT 06812-4000</b>	Line <u>3.25</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Linda Miller</b> <b>Vericore</b> <b>10115Kincey Ave</b> <b>Suite 100</b> <b>Huntersville, NC 28078</b>	Line <u>3.21</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Linda Miller</b> <b>Vericore</b> <b>10115Kincey Ave</b> <b>Suite 100</b> <b>Huntersville, NC 28078</b>	Line <u>3.22</u>  <input type="checkbox"/> Not listed. Explain _____	—

Debtor	<b>Fleet Rents LLC</b> Name	Case number (if known)
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?
4.6	<b>Mercer Company CRE</b> <b>726 W Sheridan Street #190</b> <b>Oklahoma City, OK 73102</b>	Line <b><u>3.41</u></b> <input type="checkbox"/> Not listed. Explain _____
4.7	<b>Mercer Company CRE</b> <b>726 W Sheridan Street #190</b> <b>Oklahoma City, OK 73102</b>	Line <b><u>3.23</u></b> <input type="checkbox"/> Not listed. Explain _____
4.8	<b>RW Timms Investments LLC</b> <b>PO Box 270814</b> <b>Oklahoma City, OK 73137-0814</b>	Line <b><u>3.23</u></b> <input type="checkbox"/> Not listed. Explain _____
4.9	<b>Sydney Brennan</b> <b>Doerner Saunders Daniel &amp; Anderson</b> <b>210 Park Ave Suite 1200</b> <b>Oklahoma City, OK 73102-3524</b>	Line <b><u>3.23</u></b> <input type="checkbox"/> Not listed. Explain _____
4.10	<b>Tucker Albin &amp; Associates</b> <b>1702 North Collins Blvd</b> <b>Suite 100</b> <b>Richardson, TX 75080</b>	Line <b><u>3.47</u></b> <input type="checkbox"/> Not listed. Explain _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>48,029.75</b>
5b. +	\$ <b>962,001.09</b>
5c.	\$ <b>1,010,030.84</b>

Fill in this information to identify the case:

Debtor name **Fleet Rents LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease of 7408 SW 69th Street Oklahoma City OK**

State the term remaining **11 Months**

List the contract number of any government contract \_\_\_\_\_

**JOBO LLC for RW Timms  
22633 Sam's Drive  
Edmond, OK 73025**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease 23274 Mynard Rd, Greenwood, NE 68366**

State the term remaining **52 Months**

List the contract number of any government contract \_\_\_\_\_

**Knacck Properties LLC  
14565 Portal Circle  
#117  
Omaha, NE 68138**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Collection Firm for Receivables**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Marcadis Singer PA  
5104 South West Shore Blvd  
Tampa, FL 33611**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Lease of 5400-5410 SW 11th Street Oklahoma City OK 73128**

State the term remaining **33 Months**

List the contract number of any government contract \_\_\_\_\_

**Poulter Living Trust  
13601 Limestone Road  
Kingston, OK 73439**

Debtor 1 **Fleet Rents LLC**

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Business Consulting Agreement**

State the term remaining

List the contract number of any government contract

**Second Wind Consultants Inc**  
**17 New South Street**  
**Northampton, MA 01060**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Lease of Business Location at 33623 Roylaton Road, Coluimbia Station OH 44028**

State the term remaining

List the contract number of any government contract

**17 Months**

**TBJ Properties LLC**  
**PO Box 667**  
**Columbia Station, OH 44028**

Fill in this information to identify the case:

Debtor name **Fleet Rents LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- |       |                          |  |  |   |
|-------|--------------------------|--|--|---|
| 2.1   | <b>Joseph C. Cherone</b> | <b>130 Fairhill School Rd<br/>Hatfield, PA 19440</b>   | <b>Parkside Funding Group LLC</b>            | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.40</u><br><input type="checkbox"/> G _____ |
| <hr/> |                          |  |  |   |
| 2.2   | <b>Joseph C. Cherone</b> | <b>130 Fairhill School Rd<br/>Hatfield, PA 19440</b>   | <b>Quick Bridge Funding/National Funding</b> | <input checked="" type="checkbox"/> D <u>2.10</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                          |  |  |   |
| 2.3   | <b>Joseph Cherone</b>    | <b>130 Fairhill School Rd<br/>Hatfield, PA 19440</b>   | <b>Vermeer Midwest</b>                       | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.47</u><br><input type="checkbox"/> G _____ |
| <hr/> |                          |  |  |   |
| 2.4   | <b>Nancy Cherone</b>     | <b>3993 Cephas Child Road<br/>Doylestown, PA 18902</b> | <b>US Bank</b>                               | <input checked="" type="checkbox"/> D <u>2.12</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                          |  |  |   |
| 2.5   | <b>Nancy Cherone</b>     | <b>3993 Cephas Child Road<br/>Doylestown, PA 18902</b> | <b>Western Equipment Finance</b>             | <input checked="" type="checkbox"/> D <u>2.15</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |

Debtor **Fleet Rents LLC**

Case number (if known)

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Nancy Jane Cherone	3993 Cephas Child Rd Doylestown, PA 18902	Parkside Funding Group LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.40</u> <input type="checkbox"/> G _____
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2.7	Nancy Jane Cherone	3993 Cephas Child Rd Doylestown, PA 18902	Chase Card Services	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
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2.8	Nancy Jane Cherone	3993 Cephas Child Rd Doylestown, PA 18902	CNH Industrial Accounts	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Joe Cherone	130 Fairhill School Road Horsham, PA 19044	TBJ Properties LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.6</u>
-----	-------------	---	--------------------	--

2.10	Josep[h C Cherone	130 Fairhill School Rd Hatfield, PA 19440	Second Wind Consultants Inc	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.5</u>
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2.11	Nancy Cherone	3993 Cephas Child Road Doylestown, PA 18902	TBJ Properties LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.6</u>
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Form **8879-CORP****E-file Authorization for Corporations**

(December 2022)

For calendar year 2022, or tax year beginning \_\_\_\_\_, 2022, ending \_\_\_\_\_, 20\_\_\_\_

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue ServiceDo not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.

Name of corporation

**FLEET RENTS, LLC**

Employer identification number

**82-1432445****Part I Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	<b>3,333,166.</b>

**Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **GREGORY L. BLAKE, INC., CPA** to enter my PIN **51060**  
ERO firm name do not enter all zeros

as my signature on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature

Date **2/3/2024**Title **MEMBER/MANAGER****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**56091751060**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (12-2022)

LHA

pennsylvania  
DEPARTMENT OF REVENUEPENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION FOR  
PA S CORPORATION/PARTNERSHIP INFORMATION RETURN (PA-20S/PA-65)  
DIRECTORY OF CORPORATE PARTNERS (PA-65 CORP)

PA-8879P (DR) 06-22

2022

For calendar year 2022 or tax year beginning , 2022, ending , 20

Federal Employer Identification Number (FEIN)  
82-1432445

Name of Entity

FLEET RENTS LLC

Entity Address

1250 BETHLEHEM PIKE SUITE

City

HATFIELD

State

PA

ZIP Code

19440

Revenue ID

7052055

**SECTION I TAX RETURN INFORMATION (Enter whole dollars only.)**


1. Calculate Adjusted/Apportioned Net Business Income (Loss) (PA-20S/PA-65, Section II, Line 2d)	1.	
2. Calculate Adjusted/Apportioned Net Business Income (Loss) (PA-20S/PA-65, Section II, Line 2h)	2.	-189,641.
3. Total Other PA PIT Income (Loss) (PA-20S/PA-65, Section III, Line 9)	3.	300.
4. Total PA Income Tax Withheld (PA-20S/PA-65, Section V, Line 14c)	4.	
5. Total Corporate Net Income Tax Withholding For All Nonfiling Corporate Partners For This Entity (PA-65 Corp, Line 4)	5.	

**SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF GENERAL PARTNER, LIMITED LIABILITY COMPANY MEMBER, S CORPORATION OFFICER, AUTHORIZED PARTNER OR REPRESENTATIVE (Keep a copy of the entity's return.)**

Under penalties of perjury, I declare I am a general partner, limited liability company member, S corporation officer, authorized partner or representative of the above entity and I have examined a copy of the entity's 2022 electronic return and accompanying schedules and statements. To the best of my knowledge and belief, all are true, correct and complete. I further declare the amounts in Section I above are the amounts shown on the copy of the entity's electronic return. I consent to allow my electronic return originator (ERO) and/or transmitter to send the entity's return to the PA Department of Revenue and receive from the PA Department of Revenue an acknowledgement of receipt of transmission and an indication of whether or not the entity's return is accepted, and, if rejected, the reason(s) for rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal from the account indicated in the tax preparation software for payment of the state withholding liability owed on this return, and I authorize the financial institution to debit the entry to this account. I understand that the federal Office of Foreign Assets Control has imposed additional reporting requirements on all electronic banking transactions that directly involve a financial institution outside of the territorial jurisdiction of the U.S. These transactions are called international ACH transactions (IAT). I understand that presently, the PA Department of Revenue does not support IAT ACH debit transactions. I certify that the transactions do not directly involve a financial institution outside of the territorial jurisdiction of the U.S. at any point in the process. To revoke a payment, I must contact the PA Department of Revenue by email to [ra-achrevok@pa.gov](mailto:ra-achrevok@pa.gov) or fax at 717-772-9310 no later than two business days prior to the debit date. I also authorize the financial institutions involved in the processing of the electronic payment of withholding to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If I have a balance due return, I understand if the PA Department of Revenue does not receive full and timely payment of my withholding liability, I will remain liable for the withholding liability and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my federal return, I understand my state return will be rejected. If my return is rejected or if any other delay in filing occurs, I understand I will remain liable for all applicable interest and penalties. I have selected a federal self-select PIN as my signature for the entity's electronic return and, if applicable, the entity's consent to electronic funds withdrawal.

**GENERAL PARTNER, LIMITED LIABILITY COMPANY MEMBER, S CORPORATION OFFICER, AUTHORIZED PARTNER OR REPRESENTATIVE'S FEDERAL SELF-SELECT PIN.** Check one box only.

- ☒ I authorize GREGORY L. BLAKE, INC., CPA ERO firm name to enter my federal self-select PIN 51060 as my signature on the entity's 2022 electronically filed return. Do not enter all zeros.
- ☐ As a general partner, limited liability company member, S corporation officer, authorized partner or representative of the entity, I will enter my federal self-select PIN as my signature on the entity's 2022 electronically filed return.

Authorized Signature 	Date 2/3/2024	Title MEMBER/MANAGER	Social Security Number
Address 1250 BETHLEHEM PIKE SU	City HATFIELD	State PA	ZIP Code 19440

**SECTION III CERTIFICATION AND AUTHENTICATION**

ERO'S EFIN/PIN. Enter your six-digit e-File Identification Number followed by your five-digit federal self-selected PIN.

56091751060  
Do not enter all zeros.

I certify the above numeric entry is my federal self-selected PIN, which is my signature on the 2022 electronically filed return for the entity indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program. I certify that the financial institution for the withdrawal of funds is within the territorial jurisdiction of the U.S.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED.

Form **1120-S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue ServiceDo not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.**2022**

For calendar year 2022 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

<b>A</b> S election effective date <b>01/01/2021</b>	Name <b>FLEET RENTS, LLC</b>	<b>D</b> Employer identification number <b>82-1432445</b>
<b>B</b> Business activity code number (see instructions) <b>488490</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1250 BETHLEHEM PIKE SUITE S-343</b>	<b>E</b> Date incorporated <b>05/02/2017</b>
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code <b>HATEFIELD, PA 19440</b>	<b>F</b> Total assets (see instructions) <b>\$ 1,658,604.</b>

**G** Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No

**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

**I** Enter the number of shareholders who were shareholders during any part of the tax year **2**

**J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

**Caution:** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1 a</b> Gross receipts or sales <b>4,933,357.</b>	<b>b</b> Return and allowances	<b>c</b> Bal. Subtract line 1b from line 1a	<b>1c</b>	<b>4,933,357.</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b>	<b>1,601,417.</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b>	<b>3,331,940.</b>
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797)			<b>4</b>	
	<b>5</b> Other income (loss) (attach statement) <b>Statement 1</b>			<b>5</b>	<b>1,226.</b>
	<b>6</b> Total income (loss). Add lines 3 through 5			<b>6</b>	<b>3,333,166.</b>
<b>Deductions (See instructions for limitations)</b>	<b>7</b> Compensation of officers (see instrs. - attach Form 1125-E)			<b>7</b>	
	<b>8</b> Salaries and wages (less employment credits)			<b>8</b>	<b>2,337,439.</b>
	<b>9</b> Repairs and maintenance			<b>9</b>	<b>8,026.</b>
	<b>10</b> Bad debts			<b>10</b>	
	<b>11</b> Rents			<b>11</b>	<b>210,004.</b>
	<b>12</b> Taxes and licenses			<b>12</b>	<b>46,002.</b>
	<b>13</b> Interest (see instructions)			<b>13</b>	<b>132,990.</b>
	<b>14</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			<b>14</b>	<b>28,740.</b>
	<b>15</b> Depletion (Do not deduct oil and gas depletion.)			<b>15</b>	
	<b>16</b> Advertising			<b>16</b>	<b>1,961.</b>
	<b>17</b> Pension, profit-sharing, etc., plans			<b>17</b>	
	<b>18</b> Employee benefit programs			<b>18</b>	<b>9,439.</b>
	<b>19</b> Other deductions (attach statement) <b>Statement 2</b>			<b>19</b>	<b>627,119.</b>
	<b>20</b> Total deductions. Add lines 7 through 19			<b>20</b>	<b>3,401,720.</b>
	<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6			<b>21</b>	<b>-68,554.</b>
<b>Tax and Payments</b>	<b>22 a</b> Excess net passive income or LIFO recapture tax (see instructions)	<b>22a</b>			
	<b>b</b> Tax from Schedule D (Form 1120-S)	<b>22b</b>			
	<b>c</b> Add lines 22a and 22b			<b>22c</b>	
	<b>23 a</b> 2022 estimated tax payments and 2021 overpayment credited to 2022	<b>23a</b>			
	<b>b</b> Tax deposited with Form 7004	<b>23b</b>			
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136)	<b>23c</b>			
	<b>d</b> Add lines 23a through 23c			<b>23d</b>	
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			<b>24</b>	
	<b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			<b>25</b>	
	<b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			<b>26</b>	
<b>27</b> Enter amount from line 26: Credited to 2023 estimated tax <b>Refunded</b>			<b>27</b>		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

**MEMBER/MANAGER**

Title

May the IRS discuss this return with the preparer shown below? See instr.

☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Gregory L. Blake</b>	Preparer's signature <b>GREGORY L. BLAKE, INC. CPA</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00674135</b>
	Firm's name <b>GREGORY L. BLAKE, INC. CPA</b>	Firm's EIN <b>56-1271220</b>			
	Firm's address <b>PO BOX 482 TROY, NC 27371</b>	Phone no. <b>910-576-4621</b>			

Form 1120-S (2022)

**FLEET RENTS, LLC**

82-1432445

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**Schedule B Other Information** (see instructions)

		Yes	No
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____			
2 See the instructions and enter the:			
a Business activity <b>TRUCK MAINTENANCE</b> b Product or service <b>TRUCK MAINTENANCE</b>			
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation _____			X
4 At the end of the tax year, did the corporation:			
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? _____ If "Yes," complete lines (i) and (ii) below.			X
(i) Total shares of restricted stock _____			
(ii) Total shares of non-restricted stock _____			
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? _____ If "Yes," complete lines (i) and (ii) below.			X
(i) Total shares of stock outstanding at the end of the tax year _____			
(ii) Total shares of stock outstanding if all instruments were executed _____			
6 Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...			X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.			
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years \$ _____			
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions _____			X
10 Does the corporation satisfy one or more of the following? See instructions _____			X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.			
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.			
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).			
11 Does the corporation satisfy both of the following conditions? _____			X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.			
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.			

Form 1120-S (2022)

FLEET RENTS, LLC

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Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14 a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-68,554.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income <span style="float: right;">Statement 3</span>	4	300.
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8 a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type _____	10	
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12 a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures Type _____	12c	
	d Other deductions (see instructions) Type _____	12d	
Credits	13 a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type _____	13d	
	e Other rental credits (see instructions) Type _____	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type _____	13g	
Inter-national	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15 a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16 a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses <span style="float: right;">Statement 4</span>	16c	3,581.
	d Distributions (attach statement if required)	16d	
	e Repayment of loans from shareholders	16e	
	f Foreign taxes paid or accrued	16f	

Form 1120-S (2022)

Form 1120S (2022)

FLEET RENTS, LLC

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Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount		
Other Information	17a	Investment income	17a	300.	
	b	Investment expenses	17b		
	c	Dividend distributions paid from accumulated earnings and profits	17c		
	d	Other items and amounts (att. stmt.)			
		Statement 5			
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f			18	-68,254.

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		58,888.		144,531.		
2a	Trade notes and accounts receivable	4,460.		444,792.			
b	Less allowance for bad debts	( )	4,460.	( )	444,792.		
3	Inventories		95,701.		106,014.		
4	U.S. government obligations						
5	Tax-exempt securities						
6	Other current assets (att. stmt.)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (att. stmt.)						
10a	Buildings and other depreciable assets	452,626.		1,009,971.			
b	Less accumulated depreciation	( 17,964.)	434,662.	( 46,704.)	963,267.		
11a	Depletable assets						
b	Less accumulated depletion	( )		( )			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	( )		( )			
14	Other assets (att. stmt.)						
15	Total assets		593,711.		1,658,604.		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (att. stmt.)	Statement 6	281,223.		580,310.		
19	Loans from shareholders		718,899.		881,978.		
20	Mortgages, notes, bonds payable in 1 year or more		499,296.		1,173,858.		
21	Other liabilities (att. stmt.)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings	Statement 7	-905,707.		-977,542.		
25	Adjustments to shareholders' equity (att. stmt.)						
26	Less cost of treasury stock		( )		( )		
27	Total liabilities and shareholders' equity		593,711.		1,658,604.		

Form 1120-S (2022)

Form 1120-S (2022)

FLEET RENTS, LLC

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**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-71,835.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$ 3,581.	3,581.	7 Add lines 5 and 6	
4 Add lines 1 through 3	-68,254.	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	-68,254.

**Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account** (see instrs.)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	-905,707.			
2 Ordinary income from page 1, line 21				
3 Other additions Statement 8	300.			
4 Loss from page 1, line 21	(68,554.)			
5 Other reductions Statement 9	(3,581.)			
6 Combine lines 1 through 5	-977,542.			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	-977,542.			

Form 1120-S (2022)

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

▶ Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.

OMB No. 1545-0123

Name <b>FLEET RENTS, LLC</b>		Employer identification number <b>82-1432445</b>
1	Inventory at beginning of year	1 95,701.
2	Purchases	2 1,611,730.
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6 1,707,431.
7	Inventory at end of year	7 106,014.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8 1,601,417.

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No

If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Form **4562****Depreciation and Amortization**

(Including Information on Listed Property) OTHER

OMB No. 1545-0172

**2022**Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FLEET RENTS, LLC****Other Depreciation****82-1432445****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	557,193.
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
See Statement 10		557,193.	557,193.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	557,193.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	557,193.
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	362,812.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	0.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	920,005.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	28,740.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	28,740.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2022)

FLEET RENTS, LLC

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**Part V****Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

		%						
See Statement 11		%					28,740.	
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 28,740.**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2022 tax year:					
<b>43</b> Amortization of costs that began before your 2022 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>



Section 1.263(a)-1(f) De Minimis Safe Harbor Election

FLEET RENTS, LLC  
1250 BETHLEHEM PIKE SUITE S-343  
HATFIELD, PA 19440

Employer Identification Number: 82-1432445

For the Year Ending December 31, 2022

FLEET RENTS, LLC is making the de minimis safe harbor election under  
Reg. Sec. 1.263(a)-1(f).

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

FLEET RENTS, LLC  
1250 BETHLEHEM PIKE SUITE S-343  
HATFIELD, PA 19440

Employer Identification Number: 82-1432445

For the Year Ending December 31, 2022

FLEET RENTS, LLC is making the safe harbor election under Reg. Sec. 1.263(a)-3(h) for the following eligible building property(s).

Description of Eligible Property(s):

UNITS OF TANGIBLE PROPERTY

FLEET RENTS, LLC

82-1432445

Form 1120S	Other Income	Statement 1
Description		Amount
CREDIT CARD CASH BACK		1,226.
Total to Form 1120S, Page 1, Line 5		1,226.

Form 1120S	Other Deductions	Statement 2
Description		Amount
BANK CHARGES		21,483.
CAR & TRUCK EXPENSE		266,246.
DUES & SUBSCRIPTIONS		2,056.
HEALTH & WELLNESS		1,037.
INSURANCE		29,789.
LODGING		95,901.
Meals		3,581.
OFFICE SUPPLIES		70,114.
PROFESSIONAL FEES		17,687.
SECURITY		324.
SUPPLIES		68,811.
TELEPHONE		14,964.
TRASH REMOVAL		2,215.
TRAVEL		12,727.
UTILITIES		20,184.
Total to Form 1120S, Page 1, Line 19		627,119.

Schedule K	Interest Income	Statement 3
Description		Amount
JPMORGAN CHASE BANK		300.
Total to Schedule K, Line 4		300.

FLEET RENTS, LLC

82-1432445

Schedule K	Nondeductible Expenses	Statement 4
Description		Amount
Excluded Meals Expenses		3,581.
Total to Schedule K, Line 16c		3,581.

Schedule K	Other Items, Line 17d	Statement 5
Description		Amount
Section 199A - Ordinary income (loss)		-68,554.
Section 199A - W-2 Wages		2,337,439.
Section 199A - Unadjusted basis of assets		1,009,819.

Schedule L	Other Current Liabilities	Statement 6
Description	Beginning of Tax Year	End of Tax Year
VARIOUS FEDERAL & STATE TAXES AND OTHER ITEMS	281,223.	580,310.
Total to Schedule L, Line 18	281,223.	580,310.

Schedule L	Analysis of Total Retained Earnings per Books	Statement 7
Description		Amount
Balance at Beginning of Year		-905,707.
Net Income per Books		-71,835.
Distributions		0.
Other Increases (decreases)		
Balance at End of Year - Schedule L, line 24, Column (d)		-977,542.

FLEET RENTS, LLC

82-1432445

## Schedule M-2 Accumulated Adjustments Account - Other Additions Statement 8

Description	Amount
Portfolio Interest Income	300.
Total to Schedule M-2, Line 3 - Column (a)	300.

## Schedule M-2 Accumulated Adjustments Account- Other Reductions Statement 9

Description	Amount
Nondeductible Expenses	3,581.
Total to Schedule M-2, Line 5 - Column (a)	3,581.

## Form 4562 Part I - Section 179 Expense Statement 10

(a) Description of Property	(b) Cost	(c) Elected Cost
2021 FORD F350 SUPER TRUCK	93,867.	93,867.
2018 CASE 580	99,500.	99,500.
2018 FORD TRANSIT VAN	9,564.	9,564.
2022 CHEVY 3500 TRUCK	77,189.	77,189.
2022 CHEVY 3500 CHASSIS TRUCK	79,073.	79,073.
2022 CHEVY 5500 TRUCK	198,000.	198,000.
Total to Form 4562, Part I, Line 6	557,193.	557,193.

FLEET RENTS, LLC82-1432445Form 4562, Part V Listed Property Information-More Than 50% Statement 11

(a) Description	(b) Date	(c) Bus. %	(d) Cost	(e) Basis	(f) Life	(g) Mth/Cv	(h) Deduction	(i) 179 Elected
--------------------	-------------	---------------	-------------	--------------	-------------	---------------	------------------	--------------------

(j) Auto No	(k) Total Miles	(l) Business Miles	(m) Commuting Miles	(n) Personal Miles	(o) Was Veh. Avail.? Y N	(p) > 5% Owner? Y N	(q) Another Veh. Available? Y N
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2021 FORD F350 TRUCK	04/29/21	100.00	71,352.	45,152.	5.00	200DB-HY	14,448.
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2021 RAM 3500 TRUCK	07/23/21	100.00	70,862.	44,662.	5.00	200DB-HY	14,292.
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Total to Form 4562, Part V, Line 26

28,740.

671121

**Schedule K-1**  
**(Form 1120-S)**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022, or tax  
year beginning \_\_\_\_\_  
ending \_\_\_\_\_**2022**☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions,  
Credits, etc.** See separate instructions.**Part III****Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) - 33,591.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income 147.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
6	Royalties	15	Alternative min tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)	16 C*	Items affecting shareholder basis 1,755.
10	Other income (loss)		
		17 A	Other information 147.
11	Section 179 deduction	V	* Stmt
12	Other deductions	AC	* Stmt
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

**Part I Information About the Corporation****A** Corporation's employer identification number  
82-1432445**B** Corporation's name, address, city, state, and ZIP codeFLEET RENTS, LLC  
1250 BETHLEHEM PIKE SUITE S-343  
HATFIELD, PA 19440**C** IRS Center where corporation filed return  
e-file**D** Corporation's total number of shares  
Beginning of tax year 100.00  
End of tax year 100.00**Part II Information About the Shareholder****E** Shareholder's identifying number  
1796**F** Shareholder's name, address, city, state, and ZIP codeJOSEPH C. CHERONE  
130 FAIRHILL SCHOOL ROAD  
HATFIELD, PA 19440**G** Current year allocation percentage 49.000000 %**H** Shareholder's number of shares  
Beginning of tax year 49.00  
End of tax year 49.00**I** Loans from shareholder  
Beginning of tax year \$  
End of tax year \$

For IRS Use Only

FLEET RENTS, LLC

82-1432445

## Schedule K-1 Nondeductible Expenses, Box 16, Code C

Description	Amount	Shareholder Filing Instructions
Excluded Meals Expenses	1,755.	See Shareholders Instructions
Total	1,755.	

## Schedule K-1 Section 199A Additional Information

The Section 199A amounts to be used in the calculation of the Qualified Business Income Deduction on your 1040/1041 return are reported on Line 17, under code V. Please consult your Tax Advisor regarding the calculation of Qualified Business Income Deduction, including the possible aggregations and limitations that may apply and the filing of the 1.199A-4(c)(2)(i) Annual Disclosure Statement.

Schedule K-1 Section 199A Items, Box 17  
Code V

Description	Amount
Trade or Business	
Ordinary income(loss)	-33,591.
W-2 Wages	1,145,345.
Unadjusted Basis	494,811.

## Schedule K-1 Gross receipts for section 448(c), Box 17, Code AC

Description	Amount
Gross Receipts - current year	2,417,492.

FLEET RENTS, LLC

82-1432445

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Schedule K-1

Schedule K-3 Notification

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The Schedule K-3 has not been prepared for you. You will not receive a copy of the schedule unless you request one.

Form **7203**(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service**S Corporation Shareholder Stock and  
Debt Basis Limitations**

Attach to your tax return.

Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.

OMB No. 1545-2302

Attachment  
Sequence No. **203**

Name of shareholder <b>JOSEPH C. CHERONE</b>		Identifying number <b>1796</b>
A Name of S corporation <b>FLEET RENTS, LLC</b>		B Employer identification number <b>82-1432445</b>
C Stock block (see instructions):		
D Check applicable box(es) to indicate how stock was acquired: (1) <input type="checkbox"/> Original shareholder (2) <input type="checkbox"/> Purchased (3) <input type="checkbox"/> Inherited (4) <input type="checkbox"/> Gift (5) <input type="checkbox"/> Other:		
E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation <input type="checkbox"/>		

**Part I Shareholder Stock Basis**

1 Stock basis at the beginning of the corporation's tax year	1	
2 Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a Ordinary business income (enter losses in Part III)	3a	
b Net rental real estate income (enter losses in Part III)	3b	
c Other net rental income (enter losses in Part III)	3c	
d Interest income	3d	147.
e Ordinary dividends	3e	
f Royalties	3f	
g Net capital gains (enter losses in Part III)	3g	
h Net section 1231 gain (enter losses in Part III)	3h	
i Other income (enter losses in Part III)	3i	
j Excess depletion adjustment	3j	
k Tax-exempt income	3k	
l Recapture of business credits	3l	
m Other items that increase stock basis	3m	
4 Add lines 3a through 3m	4	147.
5 Stock basis before distributions. Add lines 1, 2, and 4	5	147.
6 Distributions (excluding dividend distributions) <b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7 Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	147.
8a Nondeductible expenses	8a	1,755.
b Depletion for oil and gas	8b	
c Business credits (sections 50(c)(1) and (5))	8c	
9 Add lines 8a through 8c	9	1,755.
10 Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	0.
11 Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12 Debt basis restoration (see net increase in instructions for line 23)	12	
13 Other items that decrease stock basis	13	
14 Add lines 11, 12, and 13	14	
15 Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0.

**Part II Shareholder Debt Basis****Section A - Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year	244,655.			244,655.
17 Additional loans (see instructions)	442,745.			442,745.
18 Loan balance before repayment. Add lines 16 and 17	687,400.			687,400.
19 Principal portion of debt repayment (this line doesn't include interest)	( 147,050.)			( 147,050.)
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	540,350.			540,350.

Form 7203 (Rev. 12-2022)

Page 2

**Part II Shareholder Debt Basis** (continued)**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year .....				
22 Enter the amount, if any, from line 17 .....	442,745.			442,745.
23 Debt basis restoration (see instructions) .....				
24 Debt basis before repayment. Add lines 21, 22, and 23 .....	442,745.			442,745.
25 Divide line 24 by line 18 .....	.644086			
26 Nontaxable debt repayment. Multiply line 25 by line 19 .....	94,713.			94,713.
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24 .....	348,032.			348,032.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis .....	1,608.			1,608.
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0- .....	346,424.			346,424.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) ...	232,733.			232,733.
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0- .....	113,691.			113,691.

**Section C - Gain on Loan Repayment**

32 Repayment. Enter the amount from line 19 .....	147,050.			147,050.
33 Nontaxable repayments. Enter the amount from line 26 .....	94,713.			94,713.
34 Reportable gain. Subtract line 33 from line 32 .....	52,337.			52,337.

**Part III Shareholder Allowable Loss and Deduction Items**

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss .....	33,591.	199,142.		232,733.	
36 Net rental real estate loss .....					
37 Other net rental loss .....					
38 Net capital loss .....					
39 Net section 1231 loss .....					
40 Other loss .....					
41 Section 179 deductions .....					
42 Charitable contributions .....					
43 Investment interest expense .....					
44 Section 59(e)(2) expenditures .....					
45 Other deductions .....					
46 Foreign taxes paid or accrued .....					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30 .....	33,591.	199,142.		232,733.	

Form 7203 (12-2022)

671121

**Schedule K-1  
(Form 1120-S)**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax  
year beginning \_\_\_\_\_  
ending \_\_\_\_\_

**2022**

☐ Final K-1 ☐ Amended K-1

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions,  
Credits, etc.** See separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
**82-1432445**

**B** Corporation's name, address, city, state, and ZIP code  
**FLEET RENTS, LLC**  
**1250 BETHLEHEM PIKE SUITE S-343**  
**HATFIELD, PA 19440**

**C** IRS Center where corporation filed return  
**e-file**

**D** Corporation's total number of shares  
Beginning of tax year ..... **100.00**  
End of tax year ..... **100.00**

**Part II Information About the Shareholder**

**E** Shareholder's identifying number  
**3747**

**F** Shareholder's name, address, city, state, and ZIP code  
**NANCY J. CHERONE**  
**3993 CEPHAS CHILD ROAD**  
**DOYLESTOWN, PA 18902**

**G** Current year allocation percentage ... **51.000000%**

**H** Shareholder's number of shares  
Beginning of tax year ..... **51.00**  
End of tax year ..... **51.00**

**I** Loans from shareholder  
Beginning of tax year ..... \$ .....  
End of tax year ..... \$ .....

For IRS Use Only

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<b>- 34,963.</b>		
<b>2</b>	Net rental real estate inc (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
	<b>153.</b>		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>6</b>	Royalties	<b>15</b>	Alternative min tax (AMT) items
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured sec 1250 gain		
<b>9</b>	Net section 1231 gain (loss)	<b>16</b>	Items affecting shareholder basis
		<b>C*</b>	<b>1,826.</b>
<b>10</b>	Other income (loss)		
		<b>17</b>	Other information
		<b>A</b>	<b>153.</b>
<b>11</b>	Section 179 deduction	<b>V</b>	<b>* Stmt</b>
<b>12</b>	Other deductions	<b>AC</b>	<b>* Stmt</b>
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

FLEET RENTS, LLC

82-1432445

## Schedule K-1 Nondeductible Expenses, Box 16, Code C

Description	Amount	Shareholder Filing Instructions
Excluded Meals Expenses	1,826.	See Shareholders Instructions
Total	1,826.	

## Schedule K-1 Section 199A Additional Information

The Section 199A amounts to be used in the calculation of the Qualified Business Income Deduction on your 1040/1041 return are reported on Line 17, under code V. Please consult your Tax Advisor regarding the calculation of Qualified Business Income Deduction, including the possible aggregations and limitations that may apply and the filing of the 1.199A-4(c)(2)(i) Annual Disclosure Statement.

Schedule K-1 Section 199A Items, Box 17  
Code V

Description	Amount
Trade or Business	
Ordinary income(loss)	-34,963.
W-2 Wages	1,192,094.
Unadjusted Basis	515,008.

## Schedule K-1 Gross receipts for section 448(c), Box 17, Code AC

Description	Amount
Gross Receipts - current year	2,516,165.

FLEET RENTS, LLC

82-1432445

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Schedule K-1

Schedule K-3 Notification

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The Schedule K-3 has not been prepared for you. You will not receive a copy of the schedule unless you request one.

Form **7203**(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service**S Corporation Shareholder Stock and  
Debt Basis Limitations**

Attach to your tax return.

Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.

OMB No. 1545-2302

Attachment  
Sequence No. **203**Name of shareholder **NANCY J. CHERONE** Identifying number **3747**A Name of S corporation **FLEET RENTS, LLC** B Employer identification number **82-1432445**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	153.
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	153.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	153.
6	Distributions (excluding dividend distributions) <b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	153.
8a	Nondeductible expenses	8a	1,826.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	1,826.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	0.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0.

**Part II Shareholder Debt Basis****Section A - Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year	254,641.			254,641.
17 Additional loans (see instructions)	339,570.			339,570.
18 Loan balance before repayment. Add lines 16 and 17	594,211.			594,211.
19 Principal portion of debt repayment (this line doesn't include interest)	( 252,583.)	( )	( )	( 252,583.)
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	341,628.			341,628.

Form 7203 (Rev. 12-2022)

Page 2

**Part II Shareholder Debt Basis** (continued)**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year .....				
22 Enter the amount, if any, from line 17 .....	339,570.			339,570.
23 Debt basis restoration (see instructions) .....				
24 Debt basis before repayment. Add lines 21, 22, and 23 .....	339,570.			339,570.
25 Divide line 24 by line 18 .....	.571464			
26 Nontaxable debt repayment. Multiply line 25 by line 19 .....	144,342.			144,342.
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24 .....	195,228.			195,228.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis .....	1,673.			1,673.
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0- .....	193,555.			193,555.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) ...	193,555.			193,555.
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0- .....	0.			0.

**Section C - Gain on Loan Repayment**

32 Repayment. Enter the amount from line 19 .....	252,583.			252,583.
33 Nontaxable repayments. Enter the amount from line 26 .....	144,342.			144,342.
34 Reportable gain. Subtract line 33 from line 32 .....	108,241.			108,241.

**Part III Shareholder Allowable Loss and Deduction Items**

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss .....	34,963.	207,269.		193,555.	48,677.
36 Net rental real estate loss .....					
37 Other net rental loss .....					
38 Net capital loss .....					
39 Net section 1231 loss .....					
40 Other loss .....					
41 Section 179 deductions .....					
42 Charitable contributions .....					
43 Investment interest expense .....					
44 Section 59(e)(2) expenditures .....					
45 Other deductions .....					
46 Foreign taxes paid or accrued .....					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30 .....	34,963.	207,269.		193,555.	48,677.

Form 7203 (12-2022)

2206011187

PA-20S/PA-65  
(05-22) (Page 1 of 3)

**2022 Pennsylvania  
PA S Corporation/Partnership Information Return**  
ENTER ONE LETTER OR NUMBER IN EACH BOX.

Filing Status: PA-20S Y PA-65 N P-S K0Z N

821432445 C 7052055 488490 N Inactive

FLEET RENTS LLC

1250 BETHLEHEM PIKE SUITE S343 Fiscal Year: N Short Year: N

HATFIELD PA 19440

Extension Requested N  
Initial Year N  
Final Return N  
FEIN/Name/Address Change N  
Amended Information Return N  
Method of Accounting: A  
A=Accrual, C=Cash, O=Other, Describe  
Date activity began in PA 05022017

**SECTION I. Total Taxable Business Income (Loss) from Operations Everywhere**

- 1a Taxable Business Income (Loss) from Operations Everywhere
- 1b Share of Business Income (Loss) from All Other Entities
- 1c **Total Income (Loss).** Add Line 1a and Line 1b
- 1d Previously Disallowed CNI Deductions - **PA S Corporations only**
- 1e **Total Adjusted Business Income (Loss).** Subtract Line 1d from Line 1c

1a -189641  
1b 0  
1c -189641  
1d 0  
1e -189641

**SECTION II. Apportioned/Allocated PA-Taxable Business Income (Loss)**

- 2 Net Business Income (Loss)  
(2a = Outside PA) (2e = PA Source)
- 2 Share of Business Income (Loss) from Other Entities  
(2b = Outside PA) (2f = PA Source)
- 2 Previously Disallowed PA Source CNI Deductions - **PA S Corporations only**  
(2c = Outside PA) (2g = PA Source)
- 2 Calculate Adjusted/Apportioned Net Business Income (Loss)  
(2d = Outside PA) (2h = PA Source)

2a 0  
2e -189641  
2b 0  
2f 0  
2c 0  
2g 0  
2d 0  
2h -189641

**SECTION III. Allocated Other PA PIT Income (Loss)**

- 3 Interest Income from PA Schedule A
- 4 Dividend Income from PA Schedule B
- 5 Net Gain (Loss) from PA Schedule D  
(5a = Outside PA) (5b = PA Source)
- 6 Rent/Royalty Net Income (Loss) from PA Schedule M, Part B  
(6a = Outside PA) (6b = PA Source)
- 7 Estates or Trusts Income from PA Schedule J  
(7a = Outside PA) (7b = PA Source)
- 8 Gambling and Lottery Winnings (Loss) from PA Schedule T  
(8a = Outside PA) (8b = PA Source)
- 9 **Total Other PA PIT Income (Loss)**

3 300  
4 0  
5a 0  
5b 0  
6a 0  
6b 0  
7a 0  
7b 0  
8a 0  
8b 0  
9 300

CCH 274501 12-07-22

**SUBMIT ALL SUPPORTING SCHEDULES**



EC	OFFICIAL USE ONLY	FC

PA-20S/PA-65 - 2022  
(05-22) (Page 2 of 3)

2206111193

821432445 C FLEET RENTS LLC

**SECTION IV. Total PA S Corporation or Partnership Income (Loss)**

- 10 Total Income (Loss) per Books and Records
- 11 **Total Reportable Income (Loss).** Add Lines 1e and 9 or Add Lines 2h and 9
- 12 **Total Nontaxable/Nonreportable Income (Loss).** Subtract Line 11 from Line 10

10	- 71835
11	- 189341
12	117506

**SECTION V. Pass Through Credits** - See the PA-20S/PA-65 instructions

- 13a **Total Other Credits.** Submit PA-20S/PA-65 Schedule OC
- 13b Resident Credit
- 14a PA 2022 Quarterly Tax Withholding/Extension Payments for Nonresident Owners
- 14b Final Payment of Nonresident Withholding Tax
- 14c **Total PA Income Tax Withheld.** Add Lines 14a and 14b

13a	0
13b	0
14a	0
14b	0
14c	0

**SECTION VI. Distributions** - See the PA-20S/PA-65 instructions**Partnerships Only**

- 15 Distributions of Cash, Marketable Securities, and Property
- 16 Guaranteed Payments for Capital or Other Services
- 17 All Other Guaranteed Payments for Services Rendered
- 18 Guaranteed Payments to Retired Partners

15	0
16	0
17	0
18	0

**Distributions** - See the PA-20S/PA-65 instructions**PA S Corporations Only**

- 19 Distributions from PA Accumulated Adjustments Account
- 20 Distributions of Cash, Marketable Securities, and Property

19	0
20	0

**SECTION VII. Other Information** - See the PA-20S/PA-65 instructions for each line

- 1 During the entity's tax year, did the entity own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under federal regulations Sections 301.7701-2 and 301.7701-3? If yes, submit statement. 1 N
- 2 Does the entity have any tax-exempt partners/members/shareholders? If yes, submit statement. 2 N
- 3 Does the entity have any foreign partners/members/shareholders (outside the U.S.)? If yes, submit statement. 3 N
- 4 Was there a distribution of property or a transfer (e.g., by sale or death) of a partner/member interest during the tax year? (Partnership only) If yes, submit statement. 4 N

- 5 Has the federal government changed taxable income as originally reported for any prior period? If yes, indicate period on supplemental statement, and submit final IRS determination paperwork. 5 N
- 6 Does the entity elect to be subject to assessment at the entity level under Act 52 of 2013? 6 N
- 7 Is this entity involved in a reportable transaction, listed transaction, or registered tax shelter within this return? If yes, submit statement. 7 N

- 8 Does the entity filing as a partnership have other partnerships as partners? 8 N
- 9 Has the entity sold any tax credits? If yes, submit statement. 9 N
- 10 Has the entity changed its method of accounting for federal income tax purposes during this tax year? If yes, submit federal Form 3115. 10 N
- 11 Has the entity entered into any like-kind exchanges under IRC Section 1031? If yes, submit federal Form 8824. 11 N

- 12 PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp

12 0000000



2206111193

2206111193

2206211209

PA-20S/PA-65 - 2022  
(05-22) (Page 3 of 3)

821432445 C FLEET RENTS LLC

**SECTION VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA) and Accumulated Earnings and Profits (AE&P)**

		AAA	AE&P	
1	Balance at the beginning of the taxable year.	1	-933006	0
2	Total reportable income from Section IV, Line 11	2	0	N/A
3	Other additions. Submit an itemized statement.	3	0	0
4	Loss from Section IV, Line 11	4	-189341	N/A
5	Other reductions. Submit an itemized statement.	5	0	0
6	Sum of Lines 1 through 5	6	-1122347	0
7	Distributions	7	0	0
8	Balance at taxable year-end. Subtract Line 7 from Line 6.	8	-1122347	0

**SECTION IX. Ownership In Pass Through Entities** If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company, qualified subchapter S subsidiary (QSSS) or disregarded entity, list below the FEIN, name and address for each entity. If the income (loss) is from a QSSS, enter "yes" in the QSSS box. If the income (loss) is from a disregarded entity other than a QSSS, enter "yes" in the D box. See Instructions for further details.

FEIN QSSS D NAME & ADDRESS

A

B

C

D

**SECTION X. Signature and Verification**

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of paid preparer is based on all information of which preparer has any knowledge.

Print/Type name of general partner, principal officer or authorized individual	Signature of general partner, principal officer or authorized individual	Date	Daytime Phone no.
			2674100042
<b>Paid Preparer's Use Only</b>			
Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
GREGORY L BLAKE			
Firm's name (or yours if self-employed)	GREGORY L BLAKE, INC. CPA		Daytime Phone no.
Firm's address	PO BOX 482 TROY, NC 27371		9105764621

Preparer's PTIN

Firm's FEIN

P00674135

561271220

274503 12-07-22 CCH

E-File Opt Out

N



2206211209

2206211209

2207611811

PARTNER/MEMBER/  
SHAREHOLDER DIRECTORY - 2022  
PA-20S/PA-65 Directory (06-22)

FLEET RENTS LLC

821432445 C

The entity must list its partners/members/shareholders on this schedule. **CODE** - Enter the type of owner code: **RI**=Resident Individual, **NR**=Nonresident Individual, **PI**=Part-year Resident Individual (S Corp Only), **P**=Partnership, **C**=C Corp, **E**=Estate, **T**=Trust, **S**=S Corp, **L**=LLC taxed as a Partnership, **LC**=LLC taxed as a C Corp, **LS**=LLC taxed as an S Corp, **DE**=Disregarded Entity, **B**=Bank/Financial Institution, **I**=Insurance Company, **X**=Exempt **SSN/FEIN**; **Revenue ID**; **Ownership %** - (enter each owner's percentage); and **Name and Address**.

1	Code	RI	SSN/FEIN	[REDACTED] 1796	Revenue ID		Ownership %	04900000
---	------	----	----------	-----------------	------------	--	-------------	----------

Name & Address: JOSEPH C CHERONE  
130 FAIRHILL SCHOOL ROAD  
HATFIELD PA 19440

2	Code	RI	SSN/FEIN	[REDACTED] 8747	Revenue ID		Ownership %	05100000
---	------	----	----------	-----------------	------------	--	-------------	----------

Name & Address: NANCY J CHERONE  
3993 CEPHAS CHILD ROAD  
DOYLESTOWN PA 18902

3	Code		SSN/FEIN		Revenue ID		Ownership %	
---	------	--	----------	--	------------	--	-------------	--

Name & Address:

4	Code		SSN/FEIN		Revenue ID		Ownership %	
---	------	--	----------	--	------------	--	-------------	--

Name & Address:

5	Code		SSN/FEIN		Revenue ID		Ownership %	
---	------	--	----------	--	------------	--	-------------	--

Name & Address:

6	Code		SSN/FEIN		Revenue ID		Ownership %	
---	------	--	----------	--	------------	--	-------------	--

Name & Address:



2207611811

2207611811

2207215126

PA Schedule RK-1 (05-22)  
2022 Resident Schedule of  
Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

1796

CHERONE

JOSEPH

C

Final N

130 FAIRHILL SCHOOL ROAD

(Individual=1, PA S Corp=2, All Other Corp=3, Owner 1  
Estate/Trust=4, Partnership=5, LLC=6, Exempt=7)

Shareholder's Stock Ownership % 04900

HATFIELD PA 19440

Amended N

Beneficiary's year-end Distribution % 00000

FLEET RENTS LLC

Partner's % of:  
Profit sharing % 00000

HATFIELD PA 19440 821432445 7052055

Loss sharing % 00000

Fiscal Year N (Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L) S

Capital  
Ownership % 00000

Short Year N General Partner or N Limited Partner or  
LLC Member-Manager Other LLC Member

SECTION

- 1 PA-Taxable Business Income (Loss) from Operations
- 2 Interest Income
- 3 Dividend Income
- 4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
- 5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
- 6 Income of/from Estates or Trusts
- 7 Gambling and Lottery Winnings (Loss)

1 -92924  
2 147  
3 0  
4 0  
5 0  
6 0  
7 0

SECTION

- 8 Resident Credit. Submit statement.
- 9 Total Other Credits. Submit statement.

8 0  
9 0

SECTION

- 10 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
- 11 Guaranteed Payments for Capital or Other Services
- 12 All Other Guaranteed Payments for Services Rendered

10 0  
11 0  
12 0

SECTION

- 13 Guaranteed Payments to the Retired Partner
- 14 Distributions from PA Accumulated Adjustments Account Liquidating N
- 15 Distributions of Cash, Marketable Securities, and Property
- 16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis. Submit statement.

13 0  
14 0  
15 0  
16 0

SECTION

- Note: Lines 17 through 20 are for information purposes only.
- 17 Owner's Share of IRC Section 179 allowed according to PA rules
  - 18 Owner's Share of Straight-Line Depreciation
  - 19 Partner's Share of Nonrecourse Liabilities at year-end
  - 20 Partner's Share of Recourse Liabilities at year-end

17 0  
18 0  
19 0  
20 0

274621 12-12-22 CCH

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.



2207215126

2207215126

2207215126

PA Schedule RK-1 (05-22)  
**2022** Resident Schedule of  
 Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

8747

CHERONE

NANCY

J

Final

N

3993 CEPHAS CHILD ROAD

(Individual=1, PA S Corp=2, All Other Corp=3, Owner 1  
 Estate/Trust=4, Partnership=5, LLC=6, Exempt=7)

Shareholder's Stock Ownership % 05100

DOYLESTOWN PA 18902

Amended N

Beneficiary's year-end Distribution % 00000

FLEET RENTS LLC

Partner's % of Profit sharing % 00000

HATFIELD PA 19440 821432445 7052055

Loss sharing % 00000

Fiscal Year N (Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L) S

Capital Ownership % 00000

Short Year N General Partner or LLC Member-Manager N Limited Partner or Other LLC Member N

SECTION

- 1 PA-Taxable Business Income (Loss) from Operations
- 2 Interest Income
- 3 Dividend Income
- 4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
- 5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
- 6 Income of/from Estates or Trusts
- 7 Gambling and Lottery Winnings (Loss)

1 -96717  
 2 153  
 3 0  
 4 0  
 5 0  
 6 0  
 7 0

SECTION

- 8 Resident Credit. Submit statement.
- 9 Total Other Credits. Submit statement.

8 0  
 9 0

SECTION

- 10 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
- 11 Guaranteed Payments for Capital or Other Services
- 12 All Other Guaranteed Payments for Services Rendered

10 0  
 11 0  
 12 0

SECTION

- 13 Guaranteed Payments to the Retired Partner
- 14 Distributions from PA Accumulated Adjustments Account Liquidating N
- 15 Distributions of Cash, Marketable Securities, and Property
- 16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis.

13 0  
 14 0  
 15 0  
 16 0

SECTION

- Submit statement.
- Note: Lines 17 through 20 are for information purposes only.
- 17 Owner's Share of IRC Section 179 allowed according to PA rules
- 18 Owner's Share of Straight-Line Depreciation
- 19 Partner's Share of Nonrecourse Liabilities at year-end
- 20 Partner's Share of Recourse Liabilities at year-end

17 0  
 18 0  
 19 0  
 20 0

274621 12-12-22 CCH

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.



2207215126

2207215126

2207013356

**PA SCHEDULE M - 2022**  
 Reconciliation of Federal-Taxable Income (Loss)  
 to PA-Taxable Income (Loss)  
 PA-20S/PA-65 M (06-22)  
 PA Department of Revenue

FLEET RENTS LLC

821432445

**PA Schedule M, Part I. Classifying Federal Income (Loss) for PA Personal Income Tax Purposes**

Classify, without adjustment, the federal income (loss) from Schedule K of federal Form 1120S or from Schedule K of federal Form 1065. The entity must allocate or apportion the amounts from the federal categories to the reportable PA PIT classes. The total of the specific federal line items should equal the total of the federal schedule.

Federal Form Form 1120S, Schedule K line description Form 1065, Schedule K line description	Classified for Pennsylvania Personal Income Tax purposes					
	(a) Federal Income (loss)	(b) PA Business Income (loss)	(c) Interest Income PA Schedule A	(d) Dividend Income PA Schedule B	(e) Gain (loss) From Sales PA Schedule D	(f) Rent & Royalty Income (loss) PA Schedule E
1 Ordinary income (loss) from trade or business activities	-68554	-68554	0	0	0	0
2 Net income (loss) from rental real estate activities	0	0	0	0	0	0
3 Other net rental income (loss)	0	0	0	0	0	0
4 Interest income	300	0	300	0	0	0
5 Dividends	0	0	0	0	0	0
6 Royalty income	0	0	0	0	0	0
7 Net short-term capital gain (loss)	0	0	0	0	0	0
8 Net long-term capital gain (loss)	0	0	0	0	0	0
9 Net gain (loss) from disposal of IRC Section 179 property	0	0	0	0	0	0
10 Net IRC Section 1231 gain (loss) from Form 4797	0	0	0	0	0	0
11 Other income (loss)	0	0	0	0	0	0
12 <b>Total Federal income (loss) by Pennsylvania classification.</b> Total the amounts in each column.	-68254	-68554	300	0	0	0

274661 12-07-22 CCH



2207013356

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2207113362

**PA SCHEDULE M - 2022**  
**Reconciliation of Federal-Taxable Income (Loss)**  
**to PA-Taxable Income (Loss)**  
**PA-20S/PA-65 M (06-22)**  
**PA Department of Revenue**

FLEET RENTS LLC

821432445

**PA Schedule M, Part II. Determining PA Reportable Income (Loss) by Classification**

The entity may need to prepare a PA Schedule M, Part II, if it must make adjustments to properly determine its reportable classified income (loss) for its PA-20S/PA-65 Information Return. This specific list of adjustments applies to income (loss) from a business or farm and rental/royalty income (loss).

Enter whole dollars only.

		PA Allocated Income (Loss)	Total Rental Income (Loss) or Total Business Income (Loss) Before Apportionment
<b>Section I. Federal Classified Income (Loss).</b> Income class from Part I, Column:	<b>B 1</b>	<b>0</b>	<b>2</b>
Enter the initial of Column (b) or (f) only.			
<b>Section II. Itemize income adjustments that increase PA reportable income (reduce the loss).</b>			
a Deferred income relating to advance payments for goods and services	1	0	2
b Difference in qualified gain (loss) for each business sale of property	3	0	4
c Gain from business like-kind exchanges, see PA PIT Guide for instructions	5	0	6
d <b>RESERVED FOR FUTURE USE</b>			
e Income from cancellation of debt that PA treats differently from federal rules	9	0	10
f Increases in income in the year of change resulting from spread in the year of change associated with IRC Section 481(a) adjustment	11	0	12
g Income from obligations of other states and organizations that is not exempt for PA purposes	13	0	14
h Other income adjustments that increase PA-reportable income. Submit statement	15	0	16
<b>II. Total</b>	<b>17</b>	<b>0</b>	<b>18</b>
<b>Section III. Itemize income adjustments that decrease the PA reportable income (increase the loss).</b>			
a Difference in qualified gain (loss) for each business sale of property	1	0	2
b Income from obligations of the U.S. government and other organizations that is not taxable for PA purposes	3	0	4
c Decreases for previously reported income in prior year resulting from spread associated with IRC Section 481(a)	5	0	6
d Other income adjustments that decrease PA-reportable income. Submit statement	7	0	8
<b>III. Total</b>	<b>9</b>	<b>0</b>	<b>10</b>
<b>Section IV. Adjusted PA Reportable Income.</b> See PA-20S/PA-65 Schedule M instructions.	<b>1</b>	<b>0</b>	<b>2</b>
<b>Section V. Itemize those expenses that PA law does not allow that the entity deducted on its federal form.</b> These adjustments increase PA reportable income (reduce the loss).			
a Taxes paid on income. Submit REV-1190	1	0	2
b Differences in depreciation/amortization taken for PA and federal purposes	3	0	4
c Key man life insurance premiums (owners as beneficiaries)	5	0	6
d Differences in PA treatment of guaranteed payments for capital	7	0	8
e Differences in depreciation for bonus depreciation (PA law does not allow bonus depreciation.)	9	0	10
f Expense adjustments to qualify for the PA credits claimed in Section V of the PA-20S/PA-65	11	0	12
g Other expenses the entity deducted on its federal return that PA does not allow. Submit statement	13	0	14
<b>V. Total</b>	<b>15</b>	<b>0</b>	<b>16</b>
<b>Section VI. Itemize those expenses that PA law allows that the entity could not deduct on its federal form.</b> These adjustments decrease PA reportable income (increase the loss).			
a Business meals and entertainment expenses that the entity could not deduct	1	0	2
b Sales tax on depreciable assets	3	0	4
c Differences in depreciation/amortization taken for PA and federal purposes	5	0	6
d IRC Section 179 expenses (the maximum for PA purposes is \$25,000)	7	0	8
e Expenses for employees, including PA S corporation shareholder-employees	9	0	10
f Life insurance premiums (PA S corporation or partnership as beneficiary)	11	0	12
g Expense adjustments to qualify for federal credits	13	0	14
h Current expensing of Intangible Drilling costs - Schedule I, Line 5	15	0	16
i Other expenses PA allows that the entity did not deduct on the federal return. Submit statement	17	0	18
<b>VI. Total</b>	<b>19</b>	<b>0</b>	<b>20</b>
<b>Section VII. Total Taxable Income (Loss).</b> Add Section IV, plus V, minus VI.	<b>1</b>	<b>0</b>	<b>2</b>



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2207113362

PA SCHEDULE A

Interest Income

2208610028

PA-20S/PA-65 A (DR) 05-22 (I)  
PA Department of Revenue

2022

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return

FEIN

FLEET RENTS LLC

821432445

1	Interest income from federal Schedule K	1	300
2	Less business or rental interest income (working capital) - report on PA-20S/PA-65 Schedule M, Part I	2	0
3	Adjusted federal interest income - subtract Line 2 from Line 1	3	300
4	Federal-exempt interest income taxable for PA PIT - itemize below	4	0
5	Other interest income not included on Line 3 and Line 4	5	0
6	Gross PA interest income - add Lines 3 through 5	6	300
7	PA-exempt interest income included on Line 6 - itemize below	7	0
8	PA-taxable interest income - subtract Line 7 from Line 6. Enter the result on the PA-20S/PA-65 Information Return, Page 1, Section III, Line 3.	8	300
Federal-exempt interest income - list sources and amounts			
			0
			0
			0
			0
			0
			0
			0
			0
			0
PA-exempt interest income - list sources and amounts			
			0
			0
			0
			0
			0
			0
			0
			0
			0



PA

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

**2022**Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FLEET RENTS, LLC

Other Depreciation

82-1432445

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	25,000.
2	Total cost of section 179 property placed in service (see instructions)	2	557,193.
3	Threshold cost of section 179 property before reduction in limitation	3	200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	357,193.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
See Statement 1		557,193.	
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III** MACRS Depreciation (Don't include listed property. See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	62,083.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

## Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		557,193.	5 Yrs.	HY	SL	55,721.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	28,442.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	146,246.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2022)

**FLEET RENTS, LLC**

82-1432445 Page 2

**Part V****Listed Property** (include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

		%						
See Statement: 2		%					28,442.	
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 28,442.**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2022 tax year:					
<b>43</b> Amortization of costs that began before your 2022 tax year				43	
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report				44	

FLEET RENTS, LLC

Document Page 74 of 91

82-1432445

Form 4562	Part I - Section 179 Expense	Statement 1
(a) Description of Property	(b) Cost	(c) Elected Cost
2021 FORD F350 SUPER TRUCK	93,867.	0.
2018 CASE 580	99,500.	0.
2018 FORD TRANSIT VAN	9,564.	0.
2022 CHEVY 3500 TRUCK	77,189.	0.
2022 CHEVY 3500 CHASSIS TRUCK	79,073.	0.
2022 CHEVY 5500 TRUCK	198,000.	0.
Total to Form 4562, Part I, Line 6	557,193.	0.

## State 4562, Part V Listed Property Information-More Than 50% Statement 2

(a) Description	(b) Date	(c) Bus. %	(d) Cost	(e) Basis	(f) Life	(g) Mth/Cv	(h) Deduction	(i) 179 Elected
(j) Auto No	(k) Total Miles	(l) Business Miles	(m) Commuting Miles	(n) Personal Miles	(o) Was Veh. Avail.? Y N	(p) > 5% Owner? Y N	(q) Another Veh. Available? Y N	
2021 FORD F350 TRUCK	04/29/21	100.00	71,352.	71,352.	5.00 SL	-HY	14,270.	
2021 RAM 3500 TRUCK	07/23/21	100.00	70,862.	70,862.	5.00 SL	-HY	14,172.	
Total to Form 4562, Part V, Line 26							28,442.	

## 2022 DEPRECIATION AND AMORTIZATION REPORT

[illegible]

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

S Corporation  
Two-Year Comparison

2022

Name	Employer Identification Number
FLEET RENTS, LLC	82-1432445

Description	Prior Year	Current Year	Increase (Decrease)
<b>ORDINARY BUSINESS INCOME (LOSS):</b>			
Income:			
Gross receipts or sales less returns and allowances	1,178,688.	4,933,357.	3,754,669.
Cost of goods sold	488,251.	1,601,417.	1,113,166.
Gross profits	690,437.	3,331,940.	2,641,503.
Net gain or loss from Form 4797	-4,143.	0.	4,143.
Other income	3,981.	1,226.	-2,755.
Total income	690,275.	3,333,166.	2,642,891.
Deductions:			
Salaries and wages less employment credits	680,876.	2,337,439.	1,656,563.
Repairs and maintenance	2,313.	8,026.	5,713.
Rents	181,278.	210,004.	28,726.
Taxes and licenses	193,150.	46,002.	-147,148.
Interest	64,912.	132,990.	68,078.
Depreciation	17,964.	28,740.	10,776.
Advertising	2,955.	1,961.	-994.
Pension, profit-sharing, etc., plans	7,944.	0.	-7,944.
Employee benefit programs	65,952.	9,439.	-56,513.
Other deductions	375,361.	627,119.	251,758.
Total deductions	1,592,705.	3,401,720.	1,809,015.
Ordinary business income (loss)	-902,430.	-68,554.	833,876.
<b>S CORPORATION TAXES:</b>			
<b>PAYMENTS AND CREDITS:</b>			
<b>BALANCE DUE OR REFUND:</b>			
<b>SCHEDULE K:</b>			
Income:			
Ordinary business income (loss)	-902,430.	-68,554.	833,876.
Interest income	0.	300.	300.
Deductions:			
Investment Interest:			

S Corporation  
**Two-Year Comparison**

**2022**

Name	Employer Identification Number
FLEET RENTS, LLC	82-1432445

Description	Prior Year	Current Year	Increase (Decrease)
Investment income	0.	300.	300.
Credits:			
Foreign Taxes:			
AMT Items:			
Other Schedule K Items:			
Nondeductible expenses	3,277.	3,581.	304.
Income (loss)	-902,430.	-68,254.	834,176.
SCHEDULE M-1:			
Net income (loss) per books	-905,707.	-71,835.	833,872.
Travel & entertainment recorded on books not included on Schedule K	3,277.	3,581.	304.
Total expenses recorded on books not included on Schedule K	3,277.	3,581.	304.
Total of lines 1 through 3	-902,430.	-68,254.	834,176.
Income (loss)	-902,430.	-68,254.	834,176.
SCHEDULE M-2:			
Accumulated Adjustments Account:			
Balance at beginning of tax year	0.	-905,707.	-905,707.
Other additions	0.	300.	300.
Loss from page 1, line 21	-902,430.	-68,554.	833,876.
Other reductions	3,277.	3,581.	304.
Combine lines 1 through 5	-905,707.	-977,542.	-71,835.
Balance at end of tax year	-905,707.	-977,542.	-71,835.

Sales Factor	Apportionment Summary Worksheet			2022
FLEET RENTS, LLC				82-1432445
	Within	Everywhere	Unweighted	Weighted
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado	54,231.	4,934,883.	.010989	.010989
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska		4,934,883.		
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio	1,314,199.	4,934,883.	.266308	.266308
Oklahoma	568,202.	4,934,883.	.115140	.115140
Oregon				
Pennsylvania	513,756.	4,934,883.	.104107	.104107
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia	501,643.	4,934,883.	.101652	.203305
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.699849

Sales Factor	Apportionment Summary Worksheet (Continued)			2022
FLEET RENTS, LLC				82-1432445
	Within	Everywhere	Unweighted	Weighted
* Albion .....				
* Battle Creek .....				
* Benton Harbor .....				
* Big Rapids .....				
* Detroit .....				
* East Lansing .....				
* Flint .....				
* Grand Rapids .....				
* Grayling .....				
* Hamtramck .....				
* Highland Park .....				
* Hudson .....				
* Ionia .....				
* Jackson .....				
* Lansing .....				
* Lapeer .....				
* Muskegon .....				
* Muskegon Heights .....				
* Pontiac .....				
* Port Huron .....				
* Portland .....				
* Saginaw .....				
* Springfield .....				
* Walker .....				
* New York City .....				
* New York - MCTD .....				

\* Not included in everywhere totals

2022 DEPRECIATION AND AMORTIZATION REPORT

Other Depreciation OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	MILLER WELDER	03/01/21	200DB	5.00	HY17		1,500.		1,500.					0.	
3	2021 FORD F350 TRUCK	04/29/21	200DB	5.00	HY21		71,352.		26,200.		45,152.	9,031.		14,448.	23,479.
4	PORTABLE AIR COMPRESSOR	07/01/21	200DB	5.00	HY17		1,800.		1,800.					0.	
5	2021 RAM 3500 TRUCK	07/23/21	200DB	5.00	HY21		70,862.		26,200.		44,662.	8,933.		14,292.	23,225.
6	2021 RAM 5500 TRUCK	07/30/21	200DB	5.00	HY17		149,993.		149,993.					0.	
7	PORTABLE AIR COMPRESSOR (TRUCK 2)	08/01/21	200DB	5.00	HY17		1,800.		1,800.					0.	
8	2021 FORD F450 TRUCK	08/19/21	200DB	5.00	HY17		155,319.		155,319.					0.	
9	Carryover from 2021 asset # 2					10							1,500.	1,500.	
	Less 179 C/O												-1,500.	-1,500.	
10	Carryover from 2021 asset # 3					10							26,200.	26,200.	
	Less 179 C/O												-26,200.	-26,200.	
11	Carryover from 2021 asset # 4					10							1,800.	1,800.	
	Less 179 C/O												-1,800.	-1,800.	
12	Carryover from 2021 asset # 5					10							26,200.	26,200.	
	Less 179 C/O												-26,200.	-26,200.	
13	Carryover from 2021 asset # 6					10							149,993.	149,993.	
	Less 179 C/O												-149,993.	-149,993.	
14	Carryover from 2021 asset # 7					10							1,800.	1,800.	

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER

Other Depreciation

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Less 179 C/O												-1,800.	-1,800.	
15	Carryover from 2021 asset # 8					10							155,319.	155,319.	
	Less 179 C/O												-155,319.	-155,319.	
16	2021 FORD F350 SUPER TRUCK	03/21/22	200DE	5.00		H119E	93,867.		93,867.				93,867.	93,867.	
	Less 179 C/O												-93,867.	-93,867.	
17	2018 CASE 580	06/28/22	200DE	5.00		H119E	99,500.		99,500.				99,500.	99,500.	
	Less 179 C/O												-99,500.	-99,500.	
18	2018 FORD TRANSIT VAN	07/01/22	200DE	5.00		H119E	9,564.		9,564.				9,564.	9,564.	
	Less 179 C/O												-9,564.	-9,564.	
19	2022 CHEVY 3500 TRUCK	07/11/22	200DE	5.00		H119E	77,189.		77,189.				77,189.	77,189.	
	Less 179 C/O												-77,189.	-77,189.	
20	2022 CHEVY 3500 CHASSIS TRUCK	09/20/22	200DE	5.00		H119E	79,073.		79,073.				79,073.	79,073.	
	Less 179 C/O												-79,073.	-79,073.	
21	2022 CHEVY 5500 TRUCK	09/30/22	200DE	5.00		H119E	198,000.		198,000.				198,000.	198,000.	
	Less 179 C/O												-198,000.	-198,000.	
	* Total Other Depreciation						1,009,819.		920,005.		89,814.	17,964.		28,740.	46,704.
	Current Year Activity														
	Beginning balance						452,626.		362,812.	0.	89,814.	17,964.			46,704.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## OTHER

[illegible]

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**Filing Instructions****Prepared for:**

FLEET RENTS, LLC  
1250 BETHLEHEM PIKE SUITE S-343  
HATFIELD, PA 19440

**Prepared by:**

GREGORY L. BLAKE, INC., CPA  
PO BOX 482  
TROY, NC 27371

**2022 INCOME TAX RETURN FOR AN S CORPORATION**

No payment is required.

The return has been prepared for electronic filing. If you wish to have it transmitted to the IRS, please sign, date, and return Form 8879-CORP to our office. We will then submit your return to the IRS. Return federal Form 8879-CORP to us as soon as possible.

A copy of Schedule K-1 should be distributed to each shareholder.

**2022 COLORADO FORM 106**

No payment is required with this return when filed.

The appropriate corporate officer(s) should sign and date the return.

Mail as soon as possible to: Colorado Department of Revenue  
Denver, CO 80261-0005

Attach Forms DR 0107 and/or DR 0108 as applicable to Form 106. Submit a separate check for the appropriate amount with each copy of Form DR 0108.

A copy of Schedule K-1 should be distributed to each shareholder.

**Filing Instructions****Prepared for:**

FLEET RENTS, LLC  
1250 BETHLEHEM PIKE SUITE S-343  
HATFIELD, PA 19440

**Prepared by:**

GREGORY L. BLAKE, INC., CPA  
PO BOX 482  
TROY, NC 27371

**COLORADO FORM DR 1706**

The DR 1706, and all the DR 0106Ks should be mailed to:

Colorado Department of Revenue  
Denver, CO 80261-0006

**2022 NEBRASKA FORM 1120-SN**

No payment is required with this return when filed.

The appropriate corporate officer(s) should sign and date the return.

Mail as soon as possible to: Nebraska Department of Revenue  
P.O. Box 94818  
Lincoln, NE 68509-4818

A copy of Schedule K-1 should be distributed to each shareholder.

**Filing Instructions****Prepared for:**

FLEET RENTS, LLC  
1250 BETHLEHEM PIKE SUITE S-343  
HATFIELD, PA 19440

**Prepared by:**

GREGORY L. BLAKE, INC., CPA  
PO BOX 482  
TROY, NC 27371

**2022 OKLAHOMA FORM 512-S**

No payment is required with this return when filed.

The appropriate corporate officer(s) should sign and date the return.

Mail as soon as possible to:      Not applicable  
   Please file electronically

A copy of Schedule K-1 should be distributed to each shareholder.

**2022 PENNSYLVANIA FORM PA-20S**

No payment is required with this return when filed.

The Pennsylvania return has been prepared for electronic filing. If you wish to have it transmitted electronically to the PADOR, please sign, date and return Form PA-8879-P to our office. We will then submit the electronic return to the PADOR. Do not mail a paper copy of the return to the PADOR. Return Form PA-8879-P to us as soon as possible.

**Filing Instructions****Prepared for:**

FLEET RENTS, LLC  
1250 BETHLEHEM PIKE SUITE S-343  
HATFIELD, PA 19440

**Prepared by:**

GREGORY L. BLAKE, INC., CPA  
PO BOX 482  
TROY, NC 27371

**2022 VIRGINIA FORM 502**

No payment is required with this return when filed.

The appropriate corporate officer(s) should sign and date the return.

Payment for the balance due must be made electronically via the Virginia Department of Taxation website at:

<https://www.tax.virginia.gov/payments>

Mail as soon as possible to: Virginia Department of Taxation  
P.O. Box 1500  
Richmond, VA 23218-1500

A copy of Schedule K-1 should be distributed to each shareholder.

**2022 OKLAHOMA FORM 200**

You have a balance due of.....\$ 1,348.75

The appropriate corporate officer(s) should sign and date the return.

Mail as soon as possible to: Oklahoma Tax Commission  
P.O. Box 26850  
Oklahoma City, OK 73126-0850

Make check payable to Oklahoma Tax Commission.

**Rock Fleet Maintenance Services  
Profit and Loss  
January 1 - April 25, 2025**

	<b>Total</b>
<b>Income</b>	
Discounts given	-1,275.47
Labor Income	511,224.35
Parts Income	278,961.95
Service Call Income	60,033.70
Shop Supplies Income	19,653.43
Sublet Income	452.00
<b>Total Income</b>	<b>\$ 869,049.96</b>
<b>Cost of Goods Sold</b>	
Cost of Goods Sold	831.51
Cost of Parts	197,444.43
Cost of Parts - Tax	1,733.83
Cost of Sublet	378.00
<b>Total Cost of Goods Sold</b>	<b>\$ 200,387.77</b>
<b>Gross Profit</b>	<b>\$ 668,662.19</b>
<b>Expenses</b>	
ARI Management Fee	226.00
Bank Charges & Fees	8,389.55
Car & Truck	3,981.00
Fuel	20,394.09
Tolls/Violations	700.00
<b>Total Car &amp; Truck</b>	<b>\$ 25,075.09</b>
Office Supplies & Software	533.38
QuickBooks Payments Fees	130.77
Uniform Expenses	2,250.00
<b>Total Office Supplies &amp; Software</b>	<b>\$ 2,914.15</b>
<b>Payroll</b>	<b>\$ 375,000.00</b>
Postage and Shipping	27.86
Rent & Lease	26,800.00
Tools	4,525.00
<b>Total Expenses</b>	<b>\$ 470,946.89</b>
<b>Net Operating Income</b>	<b>\$ 197,715.30</b>
<b>Other Expenses</b>	
Reconciliation Discrepancies	-846.35
<b>Total Other Expenses</b>	<b>-\$ 846.35</b>
<b>Net Other Income</b>	<b>\$ 846.35</b>
<b>Net Income</b>	<b>\$ 198,561.65</b>

**Rock Fleet Maintenance Services  
Statement of Cash Flows  
January 1 - April 25, 2025**

	<b>Total</b>
<b>OPERATING ACTIVITIES</b>	
Net Income	643,865.92
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Accounts Receivable (A/R)	-410,000.00
Accounts Payable (A/P)	20,000.00
Inventory	-540,943.00
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	<b>-\$930,943.00</b>
Net cash provided by operating activities	<b>-\$287,077.08</b>
Net cash increase for period	<b>-\$287,077.08</b>
Cash at beginning of period	270,518.78
Cash at end of period	<b>-\$ 16,558.30</b>

**Rock Fleet Maintenance Services  
Balance Sheet  
As of April 25, 2025**

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
CITADEL Checking	8,495.00
CITADEL Savings	5.00
Mercury*3629	150.00
WELLS FARGO *9694	29,000.00
<b>Total Bank Accounts</b>	<b>\$ 37,650.00</b>
<b>Accounts Receivable</b>	
Accounts Receivable (A/R)	415,944.00
<b>Total Accounts Receivable</b>	<b>\$ 415,944.00</b>
<b>Fixed Assets</b>	
Furniture	10,000.00
Computer/hardware	15,000.00
Inventory	540,943.00
<b>Total Other Current Assets</b>	<b>\$ 565,943.00</b>
<b>Total Current Assets</b>	<b>\$1,019,537.00</b>
<b>Vehicle Assets</b>	
2018 Case 580 62081	40,000.00
2018 Ford Transit 67072	4,350.00
2021 Ford F350 1FD8W3HT5MEC23219	24,325.00
2021 Ford F350 SUPER 64752	45,801.00
2021 Ford F450 1FD9W4HNXMED60927	35,000.00
2021 Ram 3500 3C7WRTCLXMG500923	33,408.00
2021 Ram 5500 3C7WRNFL6MG644475	77,165.00
2022 Chevrolet 3500 VIN 30482	53,425.00
2022 Chevy MD 56230	83,333.00
2022 Ram 3500 Chassis VIN 0513	64,150.00
2022 Ram 3500 VIN 20524	75,924.00
2022 GMC SIERRA 34937	164,318.00
2022 Ram 5500 VIN 29115	115,900.00
2024 Chevy Silverado (8384)	75,187.00
2024 XTREME 7X16 ENCLOSED TRAILER	4,500.00

<b>Total Vehicle Assets</b>	<b>\$ 896,786.00</b>
<b>TOTAL ASSETS</b>	<b>\$1,916,323.00</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable (A/P)	441,846.77
<b>Total Accounts Payable</b>	<b>\$ 441,846.77</b>
<b>Credit Cards</b>	
AMEX Platinum Card® (2008)	2,938.82
Chase x0352 Parent	209,000.00
CITADEL Credit Card	5,500.00
<b>Total Credit Cards</b>	<b>\$ 217,438.82</b>
<b>Other Current Liabilities</b>	
2018 Case 580 62081 - CNH IND CAP Loan	10,899.43
2024 GM Chevy Silverado (8384)	70,986.62
Nebraska Department of Revenue Payable	3,392.85
Nebraska Department of Revenue Payable ( 276 )	23.35
Ohio Department of Taxation Payable	44,372.72
Oklahoma Department of Revenue Payable	132,412.35
Out Of Scope Agency Payable	51,098.09
<b>Payroll Liabilities</b>	-2,875.46
20 - CHILD SUPPORT	466.13
21 - CHILD SUPPORT	366.64
31-MEDICAL	5,292.55
33-TS DENTAL	1,734.00
Federal Taxes (941/944)	76,787.26
Federal Unemployment (940)	843.68
MD Income Tax	15.14
NE Income Tax	492.01
NE Unemployment Tax	67.01
OH Income Tax	1,398.14
OH Local Tax	66.76
OH Unemployment Tax	5,292.31
OK Income Tax	3,966.00
OK Unemployment Tax	706.31
PA Income Tax	2,352.93

PA Local Tax	227.39
PA Unemployment Tax	5,640.50
Total Payroll Liabilities	<u>\$ 416,024.71</u>
LCF	13,100.00
QuickBridge	173,500.00
Total Other Current Liabilities	<u>\$ 186,600.00</u>
Total Current Liabilities	<u>\$ 845,885.59</u>
Long-Term Liabilities	
2018 Case 580 62081	40,000.00
2021 Ford F350 1FD8W3HT5MEC23219	24,325.00
2021 Ford F350 SUPER 64752	45,801.00
2021 Ford F450 1FD9W4HNXMED60927	35,000.00
2021 Ram 3500 3C7WRTCLXMG500923	33,408.00
2021 Ram 5500 3C7WRNFL6MG644475	77,165.00
2022 Chevrolet 3500 VIN 30482	53,425.00
2022 Chevy MD 56230	83,333.00
2022 Ram 3500 Chassis VIN 0513	64,150.00
2022 Ram 3500 VIN 20524	75,924.00
2022 GMC SIERRA 34937	164,318.00
2022 Ram 5500 VIN 29115	115,900.00
2024 Chevy Silverado (8384)	75,187.00
Total Long-Term Liabilities	<u>\$ 887,936.00</u>
Total Liabilities	<u>\$1,733,821.59</u>
Equity	
J. Cherone Owner Contribution	209,644.94
N. Cherone Owner Contribution	175,766.64
Total J. Cherone Owner Contributions	<u>\$ 385,411.58</u>
Opening Balance Equity	1,393,190.25
Owner's Investment	39,000.00
Net Income	634,464.01
Total Equity	<u>\$2,452,065.84</u>
TOTAL LIABILITIES AND EQUITY	<u>\$4,185,887.43</u>